Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT C	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] Black Paul		Person [*]	2. Issuer Name and Ticker or Trading Symbol <u>HEALTHEQUITY, INC.</u> [HQY]		ationship of Reporting Po (all applicable) Director	erson(s) to Issuer 10% Owner		
(Last) (First) (Middle)		· · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 07/05/2024		Officer (give title below)	Other (specify below)		
C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100 (Street)		., STE. 100	4. If Amendment, Date of Original Filed (Month/Day/Year)	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Jo Line) Image: Comparison of the second se				
DRAPER	UT	84020	Rule 10b5-1(c) Transaction Indication					
(City)	(State)	(Zip)	Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See			lan that is intended to		
		Table I - Non-De	rivative Securities Acquired. Disposed of, or Bene	ficially	Owned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	07/05/2024		A		2,543(1)	Α	\$ <mark>0</mark>	9,394	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable an Expiration Date (Month/Day/Year) 6. Date (Month/Day/Year) 6. Date (Month/Day/Year) 6. Date (Month/Day/Year) 6. Date (Month/Day/Year) 6. Date (D) 0 0 0 0 0 0 0 0 0		ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v				Expiration Date	Title	Amount or Number of Shares	1 1		

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest in full on the earlier of July 5, 2025 or the date of the issuer's next annual stockholder meeting. Vested shares will be delivered to the reporting person upon vesting

Remarks:

The Power of Attorney given by Mr. Black was previously filed with the U.S. Securities & Exchange Commission on June 26, 2023, as an exhibit to a statement on Form 4 filed by Mr. Black with respect to HealthEquity, Inc. and is hereby incorporated by reference



** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.