FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

shington,	D.C. 20549)	

UNIB APPROVAL									
OMB Number:	3235-0287								
Estimated average bur	den								
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Rosner Elimelech				2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last)	•	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/03/2024								X EVP,	Officer (give title below) CHIEF TECHN		NOL	below)	·
		NTE DR., STE.	100		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DRAPER UT 84020						X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	sposed of	, or B	enefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Year) if any		ion Date,				Acquired (A) o (D) (Instr. 3, 4 a		and 5) Secu Bene Own		cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 04/03/20)24				F		3,209	D	\$80.59	952	2 77,290			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)	Execu	eemed ution Date, th/Day/Year)	4. Transa Code (8)		of	ired r osed) : 3, 4	Expira	e Exer ation D h/Day/		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

The Power of Attorney given by Mr. Rosner was previously filed with the U.S. Securities and Exchange Commission on July 7, 2023, as an exhibit to a statement on Form 4 filed by Mr. Rosner with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Del Ladd, Attorney-in-Fact 04/04/2024

** 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.