FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	on 30(h	) of th	e Investr	nent C	Comp	oany Act	of 1940									
Name and Address of Reporting Person*     Dilsaver Evelyn S						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022										Officer (give title Other (spec below) below)						
15 W. SCENIC POINTE DR., STE. 100					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) DRAPER UT 84020															Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																			
		Tab	le I - Nor	n-Deriv	ative/	Sec	curiti	es A	cquire	d, D	isp	osed c	of, or	3en	eficia	ly Owne	d					
Date				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Co	Transaction Code (Instr.						Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									de V	·	Amount	Amount (A) o		Price	Transac (Instr. 3	tion(s)			(111501.4)			
Common Stock 02				02/01	1/2022				A			727(1	(1) A		\$0	25,235			D			
		7	Table II -	Deriva (e.g., p												Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		Expirat	6. Date Exercisabl Expiration Date (Month/Day/Year)		of S Und Der		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir	Ownership	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Exp	oiration e	Title	0 N 0	lumber							
Stock Option (right to buy)	\$14								(2)		07/3	30/2024	Commo Stock		7,500		7,500		D			
Stock Option (right to buy)	\$14								(2)		07/3	30/2024	Commo Stock		25,000		25,000	0	D			
Stock Option (right to buy)	\$21.27								(2)		02/0	01/2026	Commo Stock		.5,000		15,000	0	D			
Stock Option (right to buy)	\$50.41								(2)		02/0	01/2028	Comm Stock		4,339		4,339		D			
Stock Option (right to	\$66.06								(2)		02/0	01/2030	Comm		4,012		4,012		D			

## **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 date of the issuer's annual stockholder meeting held in the current fiscal year. Vested shares will be delivered to the reporting person upon vesting.

2. The option is immediately exercisable.

## Remarks:

The Power of Attorney given by Ms. Dilsaver was previously filed with the U.S. Securities & Exchange Commission on February 3, 2017 as an exhibit to a statement on Form 4 filed by Ms. Dilsaver with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ DELANO W. LADD

02/02/2022

attorney-in-fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.