FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*     Ladd Delano						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					
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024									X Officer (give title Other (specify below)  EVP, GC & CORPORATE SECRETARY					
15 W. SCENIC POINTE DR., STE. 100					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)  DRAPEI	R UT		4020			X Form filed by One Form filed by More Person												Reporting Person e than One Reporting		
(City)	(St	ate) (Z	Zip)	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See											uction or writt	ten pla	an that is inte	nded to		
		Table	I - No	n-Deriva							posed of					ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execu ny/Year) if any		Deemed tution Date, y hth/Day/Year)					es Acquired (A) o Of (D) (Instr. 3, 4			Benefic Owned	ies cially Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or ))	Price		ansaction(s) estr. 3 and 4)			(Instr. 4)	
Common	2024				A		12,544(1	544 <sup>(1)</sup> A		\$ <mark>0</mark>	59	59,982		D						
Common Stock 03/27/2						2024			A		11,711(2	) .	A	\$ <mark>0</mark>	7	71,693		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)	erivative   Conversion   Date   Execution Date, curity   or Exercise   (Month/Day/Year)   if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities lired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Nur of	nber ares						

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. Shares vest as to 25% of the initial award on April 1, 2025. Shares shall vest as to 6.25% thereafter on the first day of each calendar quarter for the twelve calendar quarters following April 1, 2025.
- 2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vested as to 11,711 shares on March 27, 2024.

/s/ Del Ladd

03/29/2024

\*\* 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.