FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 2054	9

OMB API	PROVAL									
OMB Number:	3235-0287									
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0.5

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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).

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10h5.
defense conditions of Rule 10b5-

1(c). S	ee Instruction 1	0.																	
	nd Address of a James N	Reporting Person*									Symbol HQY					o of Reportir licable) tor	g Pers	son(s) to Is	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100				3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024								V				below)	r (specify v)		
(Street) DRAPEI			4020		4. If <i>i</i>	Amend	ment,	Date	of Origii	nal File	ed (Month/Da	ıy/Year)		. Individine)	Form	filed by One filed by Mor filed by Mor on	e Repo	orting Perso	on .
(City)	(St		Zip)		1:			_			sposed of								
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/			·	Execution Date,		·	3. Transaction Code (Instr. 8) Local V Amount			(D) (Ins		and 5) Securities Beneficially Owned Follow Reported Transaction(s		ties cially d Following ted action(s)	Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownershi (Instr. 4)		
Common Stock 10/03/20			024		F		1,772	(D)	\$78.2	(Instr.		78,143		D					
		Tal	ble II								osed of, convertib				wne	d		<u> </u>	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		Date E (Month/Day/Year) if		eemed ution Date, th/Day/Year)		4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/\		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Pri Deriv Secu (Instr	ative rity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

/s/ James Lucania

10/07/2024

** Signature of Reporting Person D

Date

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

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.

 $^{^{\}star}$ 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).