Edgar Filing: HEALTHEQUITY INC - Form 4

	QUITY INC											
Form 4	015											
March 27, 2	ЛЛ										OMB AF	PROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check th if no lon	ger										Expires:	January 31, 2005
subject t Section Form 4 o		SEC	CUR	RITI	ES	ERSHIP OF	Estimated a burden hour response	verage				
Form 5 obligatic may con <i>See</i> Instr 1(b).	ons Section 17(a) of the l		tility I	Holo	ding	g Compa	ny A	ct of 1	Act of 1934, 935 or Section	I	
(Print or Type	Responses)											
1. Name and A Neeleman S	2. Issuer Flame and Flemer of Flaming							5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Ch						(Check	ck all applicable)		
C/O HEALTHEQUITY, INC., 15 W. SCENIC POINTE DR., STE. 100			(Month/Day/Year)						X_ Director 10% Owner X_ Officer (give title Other (specify below) below) Founder and Vice Chairman			
	Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
DRAPER,	01 84020								P	Person		1 0
(City)	(State)	(Zip)	Tab	le I - N	on-D	Deriv	ative Sec	urities	s Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transa Code (Instr.	8)	onor I (Ins	Securities Disposed of str. 3, 4 an	of (\hat{D})	red (A) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/25/2015			J <u>(1)</u>	v	1,6	520,000	D	\$0	500,000 <u>(1)</u>	Ι	See footnote (1)
Common Stock										68,471	I	By wife
Common Stock										984,814	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form

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displays a currently valid OMB control number.

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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amount of		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
1	Director	10% Owner	Officer	Other					
Neeleman Stephen C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 1 DRAPER, UT 84020	₀₀ X		Founder and Vice Chairman						
Signatures									
/s/ Stephen D. Neeleman, M.D.	03/26/2015								
**Signature of Reporting Person	Date								
Explanation of Respo	onses:								

* 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).

(1) See Exhibit 99.1.

Remarks:

List of Exhibits:

Exhibit 99.1 - Explanation of Responses

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.