Edgar Filing: HEALTHEQUITY INC - Form 4

Form 4	QUITY INC									
April 30, 20	15									
FORM	14						~ ~		PPROVAL	
-	UNITED S	TATES SECUR Was	SITIES AN Shington, 1			NGE (COMMISSION	OMB Number:	3235-0287 January 31	
Check th if no long subject to Section 1 Form 4 o	6. STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or 3 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940						f 1935 or Sectio	n			
(Print or Type I	Responses)									
1. Name and A Dreier Ashle	Symbol	2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction					(Check all applicable)		
C/O HEAL	THEQUITY, INC. DINTE DR., STE.	(Month/D , 15 W. 04/28/20	ay/Year)	insaction			Director <u>X</u> Officer (give below) Executive			
	(Street) 4. If Amendment Filed(Month/Day/			e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
DRAPER, U	JT 84020						Form filed by M Person	Iore than One R	eporting	
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi mAcquirec Disposec (Instr. 3,	d (A) o d of (E))	Securities I Beneficially (Owned I Following (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
			Code V	Amount	(A) or (D)	Price \$	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	04/28/2015		M <u>(1)</u>	3,125	А	(2)	3,125	D		
Common Stock	04/28/2015		S <u>(1)</u>	3,125	D	\$ 27 (2)	0	D		

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

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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. Transactio Code (Instr. 8)	5. Number for Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		· 8 I S (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.5 <u>(2)</u>	04/28/2015		M <u>(1)</u>		3,125	05/09/2014	05/09/2023	Common Stock	3,125	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Dreier Ashley C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100 DRAPER, UT 84020			Executive VP, CTO and CIO					
Signatures								
/s/ Frode Jensen, attorney-in-fact	04/30/2015							
**Signature of Reporting Person	Date							

Explanation of Responses:

- * 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) The option exercise and subsequent sale reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on January 15, 2015.
- As previously reported in the reporting person's Form 3, the option grant had a \$2.50 exercise price upon issuance. The \$2.50 exercise
 (2) price was automatically adjusted to \$1.50 on August 4, 2014 as a result of the occurrence of an event specified in the terms of the option grant at the time of its issuance.

Remarks:

Exhibit List: Exhibit 24.0 - Power of Attorney

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.