HEALTHEQUITY INC

Form 4

September 23, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * MOTT DARCY G | 2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY] | 5. Relationship of Reporting Person(s) to Issuer | | |
|--|---|--|--|--|
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| | (Month/Day/Year) | Director 10% Owner | | |
| C/O HEALTHEQUITY, INC., 15 W. | 09/21/2015 | X Officer (give title Other (specify below) | | |
| SCENIC POINTE DR., STE. 100 | | Executive VP and CFO | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | Filed(Month/Day/Year) | Applicable Line) | | |
| | | _X_ Form filed by One Reporting Person | | |
| DRAPER, UT 84020 | | Form filed by More than One Reporting Person | | |

| DD / | DED | TIT | 0.4000 |
|------|-------|-----|--------|
| DKF | APEK. | UI | 84020 |

(Ctata)

| (City) | (State) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|--------------------------------------|---|--|---|---|-------|----------------------|--|--|---|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securit onor Dispos (Instr. 3, 4 | ed of | ` ' | 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 | 09/21/2015 | | M <u>(1)</u> | 14,000 | A | \$ 0.1 | 36,000 | D | | |
| Common Stock | 09/21/2015 | | S <u>(1)</u> | 9,900 | D | \$ 30.4915 (2) | 26,100 | D | | |
| Common Stock | 09/21/2015 | | S <u>(1)</u> | 100 | D | \$ 31.21 | 26,000 | 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

Edgar Filing: HEALTHEQUITY INC - Form 4

displays a currently valid OMB control number.

Executive VP and CFO

$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

| 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) | Secu Acq or D (D) | urities juired (A) Disposed of tr. 3, 4, | tive Expiration Date ties (Month/Day/Year) red (A) posed of | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|----------------------------|---|--|--------------------|---|----------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (right to buy) | \$ 0.1 | 09/21/2015 | | M(1) | | 14,000 | (3) | 06/20/2017 | Common Stock | 14,000 |
| Stock Option (right to buy) | \$ 0.1 (4) | | | | | | <u>(5)</u> | 05/22/2018 | Common Stock | 20,000 |
| Stock Option (right to buy) | \$ 1.25 <u>(6)</u> | | | | | | 08/05/2015 | 08/08/2021 | Common Stock | 125,000 |
| Stock Option (right to buy) | \$ 25.39 | | | | | | <u>(7)</u> | 03/26/2025 | Common Stock | 25,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Fg 0 0 , | Director | 10% Owner | Officer | Other | | | |
| MOTT DARCY G | | | | | | | |

MOTT DARCY G C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100 DRAPER, UT 84020

Signatures

/s/ Darcy G. 09/23/2015 Mott

**Signature of Date Reporting Person

Reporting Owners 2

Edgar Filing: HEALTHEQUITY INC - Form 4

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 July 15, 2015.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$30.18 to \$31.16, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the
- ranges set forth in this footnote (2) to this Form 4.
- (3) The option is immediately exercisable.

(5) The option is immediately exercisable.

- As previously reported in the reporting person's Form 3, the option grant had a \$1.10 exercise price upon issuance. The \$1.10 exercise (4) price was automatically adjusted to \$0.10 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.
 - As previously reported in the reporting person's Form 3, the option grant had a \$2.25 exercise price upon issuance. The \$2.25 exercise
 - (6) price was automatically adjusted to \$1.25 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.
 - (7) The option becomes exercisable in four equal annual installments on March 26, 2016, 2017, 2018 and 2019.

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.