Edgar Filing: HEALTHEQUITY INC - Form 4

Form 4	QUITY INC								
October 05,	ЛЛ							OMB AP	PROVAL
	UNITED	STATES SECU W	JRITIES A ashington			NGE CO	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF STATEMENT OF Filed pursuant to S			SECUI 16(a) of th Utility Hol	RITIES he Securit lding Cor	ties E	Act of 1934, 935 or Section	Expires: Estimated a burden hour response	•	
<i>See</i> Instr 1(b).	ruction	30(h) of the	Investmen	t Compar	iy Ac	ct of 1940			
(Print or Type	Responses)								
1. Name and A Kessler Jon	Symbo					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (A					-	(Check all applicable)		
15 W. SCE 100	NIC POINTE DR		/Day/Year) /2015			_	_X Director _X Officer (give t elow) Presic		Owner r (specify
			Filed(Month/Day/Year) A			6. Individual or Joint/Group Filing(Check Applicable Line) .X_ Form filed by One Reporting Person			
DRAPER,	UT 84020					F	Form filed by Mo Person	ore than One Rep	porting
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	on Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)		(D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	10/01/2015		M <u>(1)</u>	35,000	А	\$ 0.1	435,000	D	
Common Stock	10/01/2015		S <u>(1)</u>	35,000	D	\$ 28.9166 (2)	400,000	D	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: HEALTHEQUITY INC - Form 4

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 of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	10/01/2015		M <u>(1)</u>	35,000	(3)	07/01/2019	Common Stock	35,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kessler Jon 15 W. SCENIC POINTE DR., STE. 100 DRAPER, UT 84020	Х		President and CEO			
Cignoturoo						

Signatures

/s/ Jon Kessler	10/02/2015			
<u>**</u> 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 April 15, 2015.

(2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.595 to \$29.25, 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.

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.