Edgar Filing: Wellborn Gayle Furgurson - Form 4

Wellborn Gay Form 4	yle Furgurson										
February 05,	2019										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington D.C. 20549									PPROVAL 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er STATE 5. Filed pu s Section 17	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hou response	irs per	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Symbol Wellborn Gayle Furgurson Symbol HEALTHEQUIT					TY INC [HOY]				Reporting Person(s) to		
	(First) HEQUITY, IN INTE DR., ST		(Month/Da		ansaction			X Director Officer (give below)	10%	6 Owner er (specify	
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) DRAPER, UT 84020				Applicable Line) _X_ Form filed by O Form filed by Mo Person				One Reporting Person lore than One Reporting			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any		3. Transactic Code (Instr. 8)	4. Securi	ties l (A) o l of (D	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership	•	
Common Stock	02/01/2019			А	2,593 (1)	A	\$ 0	7,667	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.

 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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	n Date Under		Amount of Securities 4)	8. Price Derival Securit (Instr. :
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 47.21					(2)	08/01/2027	Common Stock	7,736	
Stock Options (right to buy)	\$ 50.41					(3)	02/01/2028	Common Stock	4,339	

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Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	ector 10% Owner Offi	Officer	Other		
Wellborn Gayle Furgurson C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE.100 DRAPER, UT 84020	Х					
Signatures						
/s/ DELANO W. LADD, attorney-in-fact	02/0	5/2019				
**Signature of Reporting Person	Ι	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).

Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest
 (1) as to 1,296 shares on the date of the issuer's annual stockholder meeting held in the current fiscal year; the remainder will vest on January 31, 2020. Vested shares will be delivered to the reporting person upon vesting.

(2) The option is exercisable as to 4,205 shares. The option becomes exercisable as to 1,766 shares on August 1, 2019, and the remaining 1,765 shares on August 1, 2020.

(3) The option is immediately exercisable.

Remarks:

The Power of Attorney given by Ms. Wellborn was previously filed with the U.S. Securities & Exchange Commission on Sept

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.