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HEALTHEQUITY INC

Form 4 November 2	23 2016									
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(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MOTT DARCY G							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (THEQUITY, INC OINTE DR., STE	(M C., 15 W. 1					Director 10% Owner _X Officer (give title Other (specify below) below) Executive VP and CFO			
			Filed(Month/Day/Year) A				 D. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
]	Person			
(City)	(State)	(Zip)	Table I - No	n-Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code Year) (Instr. 8	tionor Dispos (Instr. 3, 4	(A) or	5)	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	11/21/2016		Code M <u>(1)</u>	V Amount 14,000	(D) A	Price \$ 0.1	92,000	D		
Common Stock	11/21/2016		S <u>(1)</u>	10,000	D	\$ 41.1121 (2)	82,000	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 of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Derivative Expiration Date Securities (Month/Day/Ye Acquired (A) or Disposed of D) Instr. 3, 4,		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	11/21/2016		M <u>(1)</u>		14,000	(3)	06/20/2017	Common Stock	14,000
Stock Option (right to buy)	\$ 14						(3)	07/30/2024	Common Stock	10,000
Stock Option (right to buy)	\$ 0.1						(3)	05/22/2018	Common Stock	20,000
Stock Option (right to buy)	\$ 1.25						(3)	08/08/2021	Common Stock	125,000
Stock Option (right to buy)	\$ 25.39						<u>(4)</u>	03/26/2025	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
MOTT DARCY G C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100 DRAPER, UT 84020				Executive VP and CFO				
Signatures								
/s/ Darcy G. Mott	11/22/2016							

Date

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<u>**</u>Signature of Reporting Person

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

- (2) \$40.805 to \$41.42, 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 range set forth in this footnote (2) to this Form 4.
- (3) The option is immediately exercisable.

(4) The option became exercisable as to 6,250 shares on March 26, 2016. The remaining shares become exercisable in three equal annual installments of 6,250 shares on March 26, 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.