HEALTHEQUITY INC

Form 4 April 05, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|---|---|--|--|
| 3. Date of Earliest Transaction | (Check all applicable) | | |
| (Month/Day/Year) | X Director 10% Owner | | |
| 03/28/2016 | _X_ Officer (give title Other (specify | | |
| . 03/20/2010 | below) below) | | |
| | Founder and Vice Chairman | | |
| 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 | | |
| | Form filed by More than One Reporting | | |
| | Person | | |
| | Symbol HEALTHEQUITY INC [HQY] 3. Date of Earliest Transaction (Month/Day/Year) 6. 03/28/2016 4. If Amendment, Date Original | | |

| (City) | (State) | (Zip) Tabl | e I - No | n-D | erivative Se | curiti | es Acqı | uired, Disposed o | f, or Beneficial | ly Owned |
|--------------------------------------|---|---|----------|-----|--|------------------|---------|--|---|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 4. Securities Acquired etion(A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | |
| Common Stock | 03/28/2016 | | G | V | 796,814 | D | \$0 | 0 | D | |
| Common Stock | 03/28/2016 | | G | V | 796,814 | A | \$0 | 796,814 | I | See Footnote (1) |
| Common Stock | 03/28/2016 | | G | V | 68,471 | D | \$0 | 0 | I | By wife |
| Common Stock | 03/28/2016 | | G | V | 68,471 | A | \$0 | 865,285 | I | See Footnote |
| | | | | | | | | 450,000 | I | |

Common See Stock Footnote (2)

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.

SEC 1474

(9-02)

8. Pri Deriv Secur (Instr

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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title and A Underlying S (Instr. 3 and | Securities | 8 I S () |
|---|---|--------------------------------------|---|---------------------------------------|---|---------------------|--------------------|---|----------------------------------|-------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 14 | | | | | (3) | 07/30/2024 | Common Stock | 20,000 | |
| Stock Option (right to buy) | \$ 1.25 | | | | | <u>(3)</u> | 08/08/2021 | Common Stock | 213,654 | |

Reporting Owners

**Signature of Reporting Person

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------------------------|-------|--|--|
| reporting owner runner, runners | Director | 10% Owner | Officer | Other | | |
| Neeleman Stephen C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100 DRAPER, UT 84020 | X | | Founder and Vice Chairman | | | |

Date

Signatures

| /s/ FRODE JENSEN, | 04/04/2016 |
|-------------------|------------|
| attorney-in-fact | 04/04/2016 |

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).
 - The reporting person is filing this Form 4 on a voluntary basis. On March 28, 2016, the reporting person transferred 796,814 directly owned shares of common stock of the issuer to the Stephen and Christine Neeleman Trust (the "Trust"), of which the reporting person and
- (1) his wife are trustees and beneficiaries. At the same time, the reporting person's wife transferred to the Trust 68,471 shares of common stock of the issuer, which the reporting person previously reported as owned indirectly through his wife. The reporting person remains an indirect beneficial owner of all such transferred shares.
- Shares held of record by Neeleman Family Holdings, LLC ("Family Holdings"), a Utah limited liability company. The reporting person is the manager of Family Holdings. The reporting person disclaims beneficial ownership of the shares held by Family Holdings except to the extent of his pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the shares held by Family Holdings for any other purposes.
- (3) The option is immediately exercisable.

Remarks:

Exhibit List: Exhibit 24 - 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.