FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person Guest Kevin			2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 3838 WEST PARKWAY BLVD				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2008						X	X Officer (give title below)				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
SALI LA		KE CITY, UT 84120) (State) (Zip)				Table I. Non Doning County						uired, Disposed of, or Beneficially Owned			
1.Title of Security 2. Transactio (Instr. 3) Date		2. Transaction	2A. Deen Execution any (Month/E	ned n Date, i	3. Transaction Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		ired 5. Amount of		f Securities Beneficially twing Reported s)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Monan Buy Tour)		Co	de V A	Amount (A) or (D)		e			or Indirect (I) (Instr. 4)		
Common	Stock		01/02/2008			N	1 5	000 A	\$ 7.90	5,00	00			D	
Common	Stock									40 (1)			I	401(K)
Reminder:	Report on a	separate line for each	en class of securitie		iny owne		Person	who res	form ar	e not	required	of inform to respon ontrol num	nd unless t		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 1	Derivative e.g., puts, 4. Transact Code	e Securit calls, w. 5. N cion of Deri Securit Acq (A) Disp of (I	ies Acq arrants umber vative urities uired or posed O) r. 3, 4,	Person	s who res ed in this splays a c sed of, or l nvertible so cisable and	Geneficia curities 7. T Amo Und Seco	e not i valid	required OMB co	to respondent on trol numbers of the second	nd unless t	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nature of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 1 3A. Deemed Execution Date, if	Derivative e.g., puts, 4. Transact Code	5. Notion of Derical Acquired (A) Dispose of (I (Institute of the case of the	ies Acq arrants umber vative urities uired or posed O) r. 3, 4,	Person contain form dispersion, options, co	s who res ed in this splays a c sed of, or l nvertible so cisable and	form ar urrently Geneficia curities) 7. T Ame Und Sect (Ins	re not it / valid Ally Ow Title and ount of derlying urities tr. 3 and	required OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nature of Indire Benefici Ownersh (Instr. 4)

D (O N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Guest Kevin						
3838 WEST PARKWAY BLVD			E.V.P. of Marketing			
SALT LAKE CITY, UT 84120						

Signatures

Kevin Guest	01/04/2008
**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) Between December 30, 2006 and December 29, 2007, the reporting person acquired 40 shares of USANA common stock in transactions pursuant to the issuer's 401(k) plan.

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.