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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	ge burden
hours per respor	ise 0.5

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

Responses	s)														
1. Name and Address of Reporting Person * FULLER GILBERT A				2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PARKV	(First) WAY BLVI	(Middle)			• • • • • • • • • • • • • • • • • • • •					Officer (give title below) Other (specify below)  CFO and Executive V.P.					
(Street) SALT LAKE CITY, UT 84120				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
	(State)	(Zip)		T	abl	le I - Non-	Deri	vative S	ecurities	Acqui	red, Dispe	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu any	Execution Date, if	if	Code (Instr. 8)				of (D)	Beneficially Owned Following Reported Transaction(s)		Following (s)	Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)		1)	Code	V	Amount	(A) or (D)	Price	(msu. 3 a	u. 3 and 4)		or Indirect (Instr	Ownership (Instr. 4)
ock		08/14/2009				S		3,000	11)	*	3,000			D	
port on a s	eparate line f						Pers cont the f	ons wh ained ir form dis	this fo	orm are	not req	uired to re d OMB cor	spond unl	ess	EC 1474 (9- 02)
		(			ar	rants, opt	ions	, convert	ible secu	urities)					
onversion	Date	Year) Execution Da	ate, if	Transaction Code (Instr. 8)		Derivative Securities Acquired A) or Disposed of (D) Instr. 3,	and Expiration Date (Month/Day/Year)  Ar Ur Se		Amo Unde Secu (Inst	ount of erlying crities		Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivati Security Direct (I or Indire	ve Ownership 7: (Instr. 4) D) ect	
							Date	e rcisable	Expiratio	on Title	Amount or Number				
o poor E	ddress of LBERT PARKV E CITY, rity  ock ort on a s  niversion Exercise to of rivative	ddress of Reporting Pole LBERT A  (First) PARKWAY BLVI (Street)  E CITY, UT 84120 (State)  rity  as a separate line for the second s	ddress of Reporting Person * LBERT A  (First) (Middle)  PARKWAY BLVD  (Street)  E CITY, UT 84120  (State) (Zip)  rity 2. Transaction Date (Month/Day/Year)  ock 08/14/2009  ort on a separate line for each class of sectors of the sector of th	ddress of Reporting Person 2. Its LBERT A USA  PARKWAY BLVD (Middle) 3. Da 08/1  (Street) 4. If  E CITY, UT 84120  (State) (Zip)  Tity 2. Transaction Date (Month/Day/Year)  ock 08/14/2009  Table II - Deriva (e.g., p)  Table II - Deriva (e.g., p)  (Month/Day/Year)  A. Transaction Date (Month/Day/Year)  onversion Date (Month/Day/Year)  (Month/Day/Year)	ddress of Reporting Person 2. Issuer Name USANA HEA  (First) (Middle) 3. Date of Earlie 08/14/2009  (Street) 4. If Amendmen  E CITY, UT 84120  (State) (Zip) T:  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  Ock 08/14/2009  Table II - Derivative Securities beneficially  Table II - Derivative Securities beneficially  (e.g., puts, calls, w (Month/Day/Year)  A. Deemed Execution Date (in)  (in)  (in)  Table II - Derivative Securities beneficially  (in)  (in)	ddress of Reporting Person *  LBERT A  (First) (Middle)  PARKWAY BLVD  (Street)  (Street)  (Street)  (State)  (Zip)  (State)  (Zip)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  Table II - Derivative Securities beneficially or conversion Date (Leg., puts, calls, war (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	ddress of Reporting Person 2. Issuer Name and Ticker USANA HEALTH SCIE  (First) (Middle) 3. Date of Earliest Transaction 08/14/2009  (Street) 4. If Amendment, Date Original Ecity, UT 84120  (State) (Zip) Table I - Non-rity 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Light Properties Acquires (e.g., puts, calls, warrants, opton any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. 5. Number Original Code (Instr. 8) 6. Number Orig	ddress of Reporting Person * LBERT A  2. Issuer Name and Ticker or Tr USANA HEALTH SCIENCY  (First) (PARKWAY BLVD  (Street)  3. Date of Earliest Transaction (M 08/14/2009  4. If Amendment, Date Original F  (State)  (State)  (State)  (State)  (Zip)  Table I - Non-Deri  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Issuer Name and Ticker or Tr USANA HEALTH SCIENCY  (Month/2009)  4. If Amendment, Date Original F  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Code V  Person  (e.g., puts, calls, warrants, options  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	dress of Reporting Person 2. Issuer Name and Ticker or Trading Sy USANA HEALTH SCIENCES INC  (First) (Middle) 3. Date of Earliest Transaction (Month/Day 08/14/2009)  (Street) 4. If Amendment, Date Original Filed(Month O	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNATE A	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]	LBERT A  USANA HEALTH SCIENCES INC [USNA]  3. Date of Earliest Transaction (Month/Day/Year)  08/14/2009  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired, Date (Instr. 3)  (Month/Day/Year)  Date (Month/Day/Year)  Occepted By S  3. Transaction (A) or Disposed of (D) (Instr. 3, a) and 5)  Oct Occepted By S  3. Transaction (A) or Disposed of (D) (Instr. 3, a) and 5)  Persons who respond to the colle contained in this form are not required form displays a currently valid of collection	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]  (Street) (A) If Amendment, Date Original Filed(Month/Day/Year) (Street) (Street) (Street) (Street) (Street) (Street) (Street) (Street) (Street) (A) Or Disposed of (D) Instr. 3, 4 and 5) (Instr. 3) 3,000  Table I - Non-Derivative Securities Acquired, (A) or Disposed of (D) Instr. 3, 4 and 5) (Instr. 3) 3,000  Table II - Derivative Securities Acquired (a.g., puts, calls, warrants, options, convertible Securities)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired, Disposed of (D) Instr. 3, 4 and 5)  Table II - Derivative Securities Acquired (Month/Day/Year)  Table II - Derivative Securities Acquired (Month/Day/Year)  Table II - Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5)	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]   X_ Director (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (Month/Day/Year)   CFO and Execution Date (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (EFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (EFO and Execution Date (Instr. 3)   A, and 5)   S. Relationship of Reporting Person (Check all applic X_ Differer (evertitle below)   CFO and Execution Date (EFO and Execution Date (Instr. 3)   S. Amount of Securities Acquired (A) or Disposed of (D)   Price   S. Amount of Securities   S. Amount of Securities   Secur	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]   3. Date of Earliest Transaction (Month/Day/Year)   08/14/2009   4. If Amendment, Date Original Filed(Month/Day/Year)   08/14/2009   4. If Amendment, Date Original Filed(Month/Day/Year)   08/14/2009   CFO and Executive V.P.   08/14/2009   CTO and Executive

Paradia Carre Name (Addams	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FULLER GILBERT A 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120	X		CFO and Executive V.P.					

# **Signatures**

James Bramble, as attorney in fact	08/17/2009
**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).

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.