FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						
nours per respons	se 1.0					

	Check this box if no longer
	subject to Section 16. Form 4
	or Form 5 obligations may
	continue. See Instruction 1(b).
7	Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. 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)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				X Officer (give title below) Other (specify below) Chief Marketing Officer			
3838 WEST PARI	KWAY BLV	D	01/02/2010							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)		
SALT LAKE CITY, UT 84120								_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction	4. Securi	ities Acc	quired	5. Amount of Securities	6.	7. Nature
(Instr. 3)		Date	Execution Date, if	Code	^			Beneficially Owned at end of	Ownership	of Indirect
, ,		(Month/Day/Year)	any	(Instr. 8)	(D)			Issuer's Fiscal Year	Form:	Beneficial
			(Month/Day/Year)		(Instr. 3, 4 and 5))	(Instr. 3 and 4)	Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I)	
					Amount	(D)	Price		(Instr. 4)	
Common Stock								205 (1)	Ι	401(K)

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 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	Transaction	3A. Deemed	4.	5. Nu	mber	Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amou	unt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	ities			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Acqui	iired ((Instr. 3 and		Beneficially	Security:	(Instr. 4)		
	Security				(A) or				4)			Owned at	Direct (D)	
					Dispo	sed						End of	or Indirect	
					of (D))						Issuer's	(I)	
					(Instr.	. 3,						Fiscal Year	(Instr. 4)	
					4, and	15)						(Instr. 4)		
										Amount				
							Date	Evniration		or				
							Exercisable	Expiration Date	Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Guest Kevin 3838 WEST PARKWAY BLVD			Chief Medicatine Officer				
SALT LAKE CITY, UT 84120			Chief Marketing Officer				

Signatures

James Bramble, as attorney in fact	02/03/2010
**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 January 3, 2009 and January 2, 2010, the reporting person acquired 64 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 provided 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.