FORM :	5
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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).
_	Form 2 Haldings Domestad

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

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Form 3 Holdings Rep Form 4 Transactions Reported ANNUAL 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

1. Name and Address of Reporting Person [*] – WENTZ DAVE			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) 3838 WEST PARE	(First)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011					X Officer (give title below) Other (specify below) C.E.O.			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 02/14/2012				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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		 A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 		of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
					Amount	(A) or (D)	Price		(I) (Instr. 4)	(110411-1)	
Common Stock		10/13/2011		G4	8,600 (<u>1)</u>	D	\$ 0	564,330	D		
Common Stock								9,838 (2)	Ι	401k	

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.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expirati	on Date	Amou	int of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	red			4)			Owned at	Direct (D)	
					(A) 01	•						End of	or Indirect	
					Dispo								(I)	
					of (D)							Fiscal Year	(Instr. 4)	
					(Instr.	· · · ·						(Instr. 4)		
					4, and	5)								
										Amount				
							Dete	E		or				
							Date Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

		Relationships						
Reporting Owner Name / A	Address	Director	10% Owner	Officer	Other			
WENTZ DAVE 3838 WEST PARKWAY SALT LAKE CITY, UT				C.E.O.				

Signatures

James Bramble, as attorney in fact	02/14/2012
**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) This donation was inadvertently omitted from the Form 5 previously filed 02/14/12.
- (2) Between January 1, 2011 and December 31, 2011, the reporting person acquired 177 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.