FORM	4	

(Print or Type Responses)

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

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

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#### 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 I Jones Paul A. (Last) 3838 WEST PARKW	(First)	(Middle)	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]     3. Date of Earliest Transaction (Month/Day/Year)     07/26/2013						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) CFO			
SALT LAKE CITY,	(Street) UT 84120		4. If Amendment, D	ment, 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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						ied			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
				Code	v	Amount	or (D)	Price		(I) (Instr. 4)	. ,	
Common Stock		07/26/2013		М		5,047 ( <u>1)</u>	А	\$ 39.40	5,047	D		
Common Stock		07/26/2013		S		5,047	D	\$ 78.0098 ( <u>2)</u>	0	D		

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

			(e.g	., puts, c	alls	, wa	rrants, o	ptions, conver	tible securitie	es)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	lumber	6. Date Exerc	isable and	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Da	ite	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Der	ivative	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Sec	urities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acc	quired			(Instr. 3 and	d 4)		Owned	Security:	(Instr. 4)
	Security					(A)							Following	Direct (D)	
							posed of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
							str. 3, 4,						(Instr. 4)	(Instr. 4)	
						and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable	Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock-															
Settled															
										Common					
Stock	\$ 39.40	07/26/2013		Μ			10,200	07/26/2011	01/26/2016	Stock	10,200	\$ 0	20,400	D	
Appreciation										SIOCK					
Rights															

# **Reporting Owners**

Den estima Oran Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Jones Paul A. 3838 WEST PARKWAY BLVD. SALT LAKE CITY, UT 84120			CFO					

### Signatures

Paul A. Jones	07/29/2013
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).

The shares acquired resulted from the reporting person's settlement of the stock-settled stock appreciation rights disclosed in Table II.
 Average Price. Price range was \$78.00 to \$78.08.

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.