FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Stimated average burden							
ours per response.	0.5						

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

(Print or Type R	tesponses)																					
1. Name and Address of Reporting Person * 2. Issuer							Issuer Name and Ticker or Trading Symbol ANA HEALTH SCIENCES INC [USNA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 3. Date of E 3838 WEST PARKWAY BLVD (05/19/201							Tra	nsactio	on (N	Month	/Day/Y	(ear)			XC	fficer (give	title below) Pres. of Am		er (specify belo	ow)		
CAITIAVE	4	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										
SALT LAKE CITY, UT 84120 (City) (State) (Zip)						Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1.Title of Secur	rity		2	Transaction	2A. Deemed 3. Transaction 4. Securities Acquired											ount of S	6.	7. Natu	ire			
(Instr. 3)			D	ate Month/Day/Year)	Execution Date, if		if ((Instr. 8)			(A) or	or Disposed of r. 3, 4 and 5) (A) or		of (D)	(D) Owned Follow Transaction(s) (Instr. 3 and 4)			d	Ownership Form:	of Indir Benefic Owners	rect cial ship	
Common Sto	ck		0:	5/19/2014				M			1,159 (1)	_ `	5	§ 35.47	1,159				D			
Common Sto	ck		0:	5/19/2014				S			1,159	D	5	\$ 71	0				D			
Common Stock 05/21				5/21/2014				M			1,316 (1)	A	3	§ 35.47	1,316				D			
Common Sto	ck		0:	5/21/2014				S			1,316	D			0				D			
Reminder: Repo	ort on a sepa	rate line for	each cla	ss of securities b	eneficially	owned	l dir	ectly o	r inc	lirect	lv.	ſ										
								, , ,	Р	erso	ns wh						of informat	tion contai	ned SEC	1474 (9-	-02)	
																ontrol n		e torm				
				Table II - l	Derivative S	Securi	ities	Acqui	ired	, Disp	osed o	of, or	Benef	ficially	Owne	d						
1. Title of	2.	3. Transac	tion	3A. Deemed	<i>e.g.</i> , puts, c			rants, o umber	1						itle and		8 Price of	9. Number	of 10.	11	Natu	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	rsion Date Execution Date, if Transaction Code (Month/Day/Year) (Month/Day/Year) (Instr. 8) Securities Acquired Expiration Date (Month/Day/Year) (Instr. 8) Securities Acquired Code Code (Month/Day/Year) (Instr. 8) Code (Month/Day/Year) Code Code			Und Secu	ount of erlying irities ir. 3 and		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form o Derivat Securit Direct (ive Own y: (Ins (D)	nefic										
					Code	V ((A)	(D)	Da Exc	te ercisa		Expira Date	ntion	Title	;	Amount or Number of Shares						
Stock- Settled Stock Appreciation Rights	\$ 35.47	05/19/	2014		M			2,317	04/27/2014		2014 1	10/27/2015		5 Con St	nmon ock	2,317	\$ 0	48,183	D			
Stock- Settled Stock Appreciation Rights	\$ 35.47	05/21/	2014		М			2,630	04/27/2014		2014 1	10/27/2015		<u>م</u>	nmon	2,630	\$ 0	45,553	D			
Reportii	ng Ow	ners																				
Relationships																						
Reporting Ov	wner Name	/ Address	Directo	or 10% Owner	Officer						Ot	her										
Guest Kevin 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120					Pres. of Americas, Europe & SP																	

Signatures

Kevin Guest	05/21/2014
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) The shares acquired resulted from the reporting person's settlement of the stock-settled stock appreciation rights disclosed in Table II.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see}\ Instruction\ 6 for procedure.$

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.