FORM 4	
Check this box if no	

(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

See b) 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 of Type Response	.3)										
1. Name and Address o FULLER GILBERT	2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
3838 WEST PARK	(First) WAY BLVD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/01/2016							her (specify belo	ow)
SALT LAKE CITY	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				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)				(Instr. 8)		or Dispo	Securities Acquired (A) r Disposed of (D) nstr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: of Indire Beneficia	Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	-
Common Stock		08/01/2016		М		859	А	\$ 57.62	859 <u>(1)</u>	D	
Common Stock		08/01/2016		S		859	D	\$ 137.0654 (2)	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, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6.		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Expiration I			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	uired	(Instr. 3 and 4)			Owned	Security:	(Instr. 4)		
	Security					(A)	or				Following	Direct (D)			
							posed					1	or Indirect		
						of (						Transaction(s)			
						· ·	tr. 3, 4,					(Instr. 4)	(Instr. 4)		
						and	5)								
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
								Excicisuole	Dute		of				
				Code	V	(A)	(D)				Shares				
Stock															
Settled															
Stock	¢ 57 (0	00/01/001/					1 500	01/01/2016	0.6/1.5/2010	Common	1 500	¢ 0	7 500	P	
	\$ 57.62	08/01/2016		М			1,500	01/01/2016	06/15/2018	Stock	1,500	\$ 0	7,500	D	
Appreciatio	on									Stock					
Rights															

## **Reporting Owners**

Dementing Open on Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FULLER GILBERT A 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120	Х						

## **Signatures**

James Bramble, as attorney in fact	08/02/2016
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.

(2) Weighted average price. Price range in multiple transactions was from \$137.05 to \$137.09 inclusively.

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.