

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO	VAL
OMB	3235-
Number:	0104
Estimated avera	ge
burden hours pe	r
response	0.5

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 Responses)								
1. Name and Address of Reporting Person * Noot Walter	Statem (Mont	2. Date of Event Requiring Statement (Month/Day/Year)  12/05/2016		3. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]				
(Last) (First) (Middle) 3838 WEST PARKWAY BLV				Person(s) to I	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% OwnerX_Officer (giveOther (specifittle below) below)  Chief Information Officer		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SALT LAKE CITY, UT 84120				Director X_ Officer (gi			Lalan o (Cl 1- A1: - 1.1- T !)	
(City) (State) (Zip)		Tal	ble I	- Non-Derivati	ve Securitie	s Beneficiall	ly Owned	
1.Title of Security (Instr. 4)		Ben (Ins	eficia str. 4)	at of Securities Ily Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	ndirect Beneficial	
not required t number.	respond t o respond	o the colle l unless th	ectior ne for	n of information m displays a cu	contained i urrently valid	n this form a d OMB contro	ol	
(Instr. 4) and E		ate Exercisable Expiration Date h/Day/Year)  3. S. D.		tle and Amount of rities Underlying vative Security  : 4)	4.	5. n Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number Security of Shares	Security: Direct (D) or Indirect (I) (Instr. 5)	Direct (D) or Indirect (I)		
Reporting Owners			Re	elationships				

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Noot Walter					
3838 WEST PARKWAY BLVD			Chief Information Officer		
SALT LAKE CITY, UT 84120					

## **Signatures**

James Bramble, as attorney in fact.	12/13/2016	
**Signature of Reporting Person	Date	

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.