# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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 Ty	pe Response	es)															
1. Name and Address of Reporting Person *- Gull Global Ltd					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  X 10% Owner				
(Last) (First) (Middle) PO BOX N-4899, 2/F BAHAMAS FINANCIAL CTR, SHIRLEY & CHARLOTTE STREETS					3. Date of Earliest Transaction (Month/Day/Year) 05/01/2017						r)	Off	icer (give title belo		Other (specify be	low)	
(Street) NASSAU, C5 BH1-1000				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form	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 Acqui							quired, Di	ired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	ion Date, if	f Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		ed of (	D) Benefi Report	cially Owned ed Transactio	nt of Securities ally Owned Following I Transaction(s)		. Nature f Indirect Beneficial			
			(Montl	(Month/Day/Year)		ode	V	Amount	(A) or (D)	Pric		(Instr. 3 and 4)			Ownership Instr. 4)		
Common	Stock		05/01/2017			S	S		40,000 (1) (2)	D	\$ 56.39 (3)	932 12,45	8,220		D		
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities l	beneficially	owned		Per:	sons wh	n this	form	are not re	llection of in equired to re lid OMB co	espond unl	ess	C 1474 (9- 02)	
					tive Securit								ed				
Security	Conversion	e (Month/Day/Ye	saction 3A. Deemed Execution Da any	ate, if	te, if Transaction Code Year) (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date		e fe	7. Title and Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	/	
					Code V	(A)	(D)	Dat Exe	te ercisable	Expir Date	ation ,	Amou or Fitle Numb of Shares	er				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gull Global Ltd PO BOX N-4899, 2/F BAHAMAS FINANCIAL CTR SHIRLEY & CHARLOTTE STREETS NASSAU, C5 BH1-1000		X				

### **Signatures**

James Bramble, as attorney in fact.	05/03/2017
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 holder of record of the shares of Common Stock disposed is Gull Global Limited, an entity wholly indirectly owned and controlled by Dr. Myron W. Wentz.
- (2) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 14, 2017.

Weighted average price. Price range in multiple transactions was \$55.20 to \$57.05, inclusive. The reporting person undertakes to provide USANA Health Sciences, Inc., (3) any security holder thereof or the staff at the Securities and Exchange Commission information regarding the number of shares sold at each price within the ranges set forth.

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.