FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					01 000	11)00 11011) or allo iii	VOOLITION		party Act o	1 10 10							
1. Name and Address of Reporting Person * SINNOTT ROBERT A					2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 3838 WEST I	(First)	,		3. Date of Earliest Transaction (Month/Day/Year) 02/06/2023								X Officer (give title Other (sp below) CHIEF SCIENTIFIC OFFICER				specify		
(Street) SALT LAKE CITY (City)	UT (State		24120 Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Т	able I - Noi	n-Derivat	ive S	ecuriti	es Acq	uired, l	Disp	osed of	, or Bene	icially O	wned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ties Acquired I Of (D) (Instr.		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				02/07/2	7/2023		М		1,450	6 A	(1)	5,816		D				
Common Stock				02/07/2	07/2023		F		654	D	\$59.76	5,162		D				
Common Stock 0				02/08/2	08/2023		M		1,54	4 A	(1)	6,706		D				
Common Stock 02.				02/08/2	/08/2023			F		693	D	\$61.53	6,013			D		
			Table II - I								or Benefic e securiti		ied					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ice of crivative	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Restricted Stock Units	(1)	02/06/2023		A		9,222		(2)		(2)	Common Stock	9,222	\$0	21,70)4	D		
Restricted Stock Units	(1)	02/07/2023		М			1,456	(3)	\top	(3)	Common Stock	1,456	\$0	20,24	18	D		
Restricted Stock	(1)	02/08/2023		М	\top		1.544	(4)	寸	(4)	Common	1.544	\$0	18,70)4	D		

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ USNA \ common \ stock.$
- $2. \ On \ February \ 6th, 2022, the \ reporting \ person \ was \ granted \ restricted \ stock \ units, \ vesting \ at \ 25\% \ on \ each \ 6th \ of \ February \ thereafter.$
- 3. Restricted Stock Units vest 25% on the anniversary of February 7th, 2022.
- 4. Restricted Stock Units vest 25% on the anniversary of February 8th, 2021.

/s/ Joshua Foukas, Attorney-in-

Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.