FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	
hours nor rechence:	0.5

#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

### 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

10b5-1(c). See Instru	uction 10.						
Name and Address of Reporting Person*     Ding Xia			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>USANA HEALTH SCIENCES INC</u> [ USNA ]	(Check	ationship of Reporting Person(s) to Issuer all applicable)		
(Last)	(First) (Middle) RKWAY BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 07/24/2023	X	Director Officer (give title below)	10% Owner Other (specify below)	
(Street)	KWAY BLVD.		4. If Amendment, Date of Original Filed (Month/Day/Year) 07/25/2023	Individual or Joint/Group Filing (Check Applicable     X Form filed by One Reporting Person     Form filed by More than One Reporting F	g Person		
WEST VALLEY CITY	UT	84120				g	
(City)	(State)	(Zip)					

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	Amount (A) or Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	07/24/2023		M		491	A	(1)	2,150	D	
Common Stock	07/24/2023		F		123	D	\$63.79	2,027	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	(1)	07/24/2023		M			491	(2)	(2)	Common Stock	491(3)	\$0	1,471	D	

### Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of USNA common stock.
- 2. Restricted Stock Units vest 25% on July 24, 2023, October 24, 2023, January 24, 2024, and April 24, 2024.
- $3. \ The Form \ 4 \ filed \ 07/25/2023 \ disclosed \ an incorrect \ amount \ of \ 1,471 \ underlying \ securities \ related \ to \ this \ vesting. \ The \ correct \ amount \ is \ 491.$

/s/ Joshua Foukas, Attorney-in-Fact 07/26/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.