FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

Check this box to indicate that a

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

	de pursuant to a or written plan for the equity securities of the ed to satisfy the conditions of Rule						
1. Name and Address of Reporting Person* WENTZ MYRON W			2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/02/2025	Officer (give title Other (specify below) below)			
C/O STERLING FINANCIAL GROUP 4525 SOUTH WASATCH BLVD, SUITE 250			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person			
(Street)				X Form filed by More than One Reporting Person			
SALT LAKE CITY	UT	84124					
(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)	3. Transac Code (In 8)		4. Securities Ad Disposed Of (D		Beneficially Owned Following Reported (Instr. 4)		Securities Form: Direct (D) Beneficially Owned or Indirect (I) Following Reported (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	05/02/2025		G		188,000	D	\$0	7,553,345	I	Shares owned of record by Gull Global Limited ⁽¹⁾

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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		n Derivative I		ve Expiration Date es (Month/Day/Year) d (A) esed of		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			

			Code	v
1. Name and Address of	Reporting Person*			
WENTZ MYRO	N W			
(Last)	(First)	(Middle)		_
C/O STERLING FIN	, ,	(Middle)		
	ATCH BLVD, SUITI	E 250		_
(Street)				
SALT LAKE CITY	UT	84124		_
(City)	(State)	(Zip)		

1. Name and Addre	ess of Reporting Person					
(Last)	(First)	(Middle)				
PO BOX N-489	9, 2/F BAHAMAS	FINANCIAL CTR				
SHIRLEY & C	SHIRLEY & CHARLOTTE STREETS					
(Street)						
NASSAU	C5	BH1-1000				
(City)	(State)	(Zip)				

Explanation of Responses:

1. The holder of record of the shares of Common Stock disposed of is Gull Global Limited, an entity wholly indirectly owned and controlled by Dr. Myron W. Wentz. Gull Global Limited is directly owned 50% by Viron Company Limited and 50% by Myogen Limited, each of which is a company formed under the Commonwealth of the Bahamas and is wholly indirectly owned and controlled by Dr. Wentz.

Myron W. Wentz /s/ Valarie A.

Hing Name: Valarie A. Hing Title: 05/06/2025

Attorney-in-Fact

GULL GLOBAL LIMITED /s/

Valarie A. Hing Name: Valarie A. 05/06/2025

Hing Title: 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.