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

Form 3 Holdings Reported Form 4 Transactions Reported

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

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⁴ ANNUAL 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

1. Name and Address of Reporting Person – FULLER GILBERT A			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 10% Owner		
(Last)	(Last) (First) (Middle)			er's Fiscal Year	Ended		X_Officer (give title below) 0ther (specify below) CFO and Executive V.P.			
3838 WEST PARKW	AY BLVD		12/31/2005							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
SALT LAKE CITY, U	UT 84120							_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Per	son	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		(A) or Disposed of (D)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)		Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		12/08/2005		G4	3,700	D	\$0	9,000	D	
Common Stock								307 <u>(1)</u>	Ι	401k
Common Stock								1,600	Ι	Spouse IRA

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

Persons who respond to the collection of information contained in this form SEC 2270 (9-02) are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(a) and a state of the manual state of the

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	6. Date Exerci	isable and	7. Title and	L	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		Expiration Da	te	Amount of Der		Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day/Y	(ear)	Underlying		Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	ities	· ·		Securities		(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Acqu			(Instr. 3 and 4)		Beneficially	Security:	(Instr. 4)		
	Security				(A) o	r			- -			Owned at	Direct (D)	
					Dispo	osed						End of	or Indirect	
					of (D)						Issuer's	(I)	
					(Instr	. 3,						Fiscal Year	(Instr. 4)	
					4, and	15)						(Instr. 4)		
										Amount				
										or				
								Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				
Stock														
Options									Common					
	\$ 0.83						09/01/2002	03/01/2012	Common Stock	80,000		80,000	D	
(right to									SIDCK					
buy)														

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FULLER GILBERT A								
3838 WEST PARKWAY BLVD			CFO and Executive V.P.					
SALT LAKE CITY, UT 84120								

Signatures

Gilbert A. Fuller	02/14/2006
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) Between January 1, 2005 and December 31, 2005, the reporting person acquired 144 shares of USANA common stock in transactions pursuant to a 401(k) plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.