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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
hours per respons	se 0.5				

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

Name and Address of Reporting Person * WENTZ DAVE			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 Officer (give title below) President				
(Last) (First) (Middle) 3838 WEST PARKWAY BLVD			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2006									
(Street) SALT LAKE CITY, UT 84120			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Zip)		Table	e I - Non-	-Deri	vative S	ecurities	Acqui	red, Disp	osed of, or	Beneficially (Owned	
2. Transaction Date (Month/Day/Year)	any	te, if	Code		(A) or I (Instr. 3	Disposed of 4 and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following (n(s) 1	Ownership Form: Direct (D) or Indirect I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
03/01/2006			S		3,000	11) 1.	*	366,750])	
			s Acquire	cont the f	ained in orm dis	n this for splays a of, or Ben	rm are curre neficial	e not req ntly valid	uired to re	spond unle	ss	C 1474 (9- 02)
on 3A. Deemed Execution Da any	4. Transac Code	4. 5. Transaction of Code (Instr. 8) S. (A		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Und Secu (Inst 4)	. Title and Amount of Underlying Securities Instr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)	
	Code	V	(A) (D)				Title	Number of Shares				
	(Middle) (Zip) 2. Transaction Date (Month/Day/Year) 03/01/2006 for each class of sec	(Middle) (Middle) 3. Date of Ea 03/01/2006 4. If Amendre 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Sec (e.g., puts, call on 3A. Deemed Execution Date, if Transac (Code	USANA HEALT (Middle) 3. Date of Earliest To 03/01/2006 4. If Amendment, If If If Amendment, If	USANA HEALTH SCIE 3. Date of Earliest Transaction 03/01/2006 4. If Amendment, Date Origin 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 8) Code (Instr. 8) Code 03/01/2006 S Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, option on Sa. Deemed Execution Date, if Transaction of Derivative Odd (Code Derivative)	USANA HEALTH SCIENCI (Middle) 3. Date of Earliest Transaction (Mod/1/2006) 4. If Amendment, Date Original F (Zip) Table I - Non-Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) (Moddle) 3. Date of Earliest Transaction (Mod/1/2006) 4. If Amendment, Date Original F Table II - Non-Derivative Securities Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date (Moddle) 3. Date of Earliest Transaction (Mod/1/2006) 4. If Amendment, Date Original F (A) Or Disposed of (D) (Instr. 3, 4, and 5) Date (Mod/1/2006) 4. If Amendment, Date Original F (A) Or Disposed of (D) (Instr. 3, 4, and 5) Date (Mod/1/2006) 4. If Amendment, Date Original F (A) Or Disposed of (D) (Instr. 3, 4, and 5) Date	USANA HEALTH SCIENCES INC 3. Date of Earliest Transaction (Month/Da) 03/01/2006 4. If Amendment, Date Original Filed(Mont) 2. Transaction Date (Month/Day/Year) Code V Amount Code V Amount Code V Amount Table II - Derivative Securities Acquired, Disposed of (E.g., puts, calls, warrants, options, conversion any (Month/Day/Year) 3. 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Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Instr. 3) (Month/Day/Year) (Month/Day/Year) (A) or Code V Amount (D) Price 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 control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ownership Form: Direct (D) or Indirect (I) (Instr. 4) 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 control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Amount of Securities (I) (Instr. 3) On (A) or Disposed of (D) (Instr. 3) Amount of Securities (Code (A) or Disposed of (D) (Instr. 3) Amount of Securities (I) (Instr. 4) 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 control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) (Month/Day/Year) (Instr. 8) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Instr. 4) Date Execution Table II - Derivative Securities Sec

Providence Occasional Additional	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WENTZ DAVE 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120			President			

Signatures

Gilbert A. Fuller, as attorney in fact	03/03/2006
**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).

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.