## FORM 4

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

| OMB APPR           | OVAL      |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| nours 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 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 37   |   |  |   |  |  |  |  |   |   |   |   |   |  |   |  |
|--|---|--|---|--|--|--|--|---|---|---|---|---|--|---|--|
| 1. Name and Address of Reporting Person *- MCCLAIN JERRY G |   | 2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA] |   |  |  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |   |   |   |  |   |  |
| (Last) (First) (Middle)<br>3838 WEST PARKWAY BLVD          |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2006 |  |  |  |  |   |   |   | e title below)                              |   | er (specify belo   | w)  |  |
| (Street)   |   |  | 4   | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |  |  |  |   | _X_   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person |   |   |  |   |  |
| SALT LAKE CITY, UT 84120 (City) (State) (Zip)              |   |  |   |  |  |  |  |   |   |   |   |   |  |   |  |
|  |   | (State)  |   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |   |   |   |   |   |  |   |  |
| 1.Title of Security<br>(Instr. 3)                          |   |  | 2. Transaction<br>Date<br>(Month/Day/Year)                  | Execution any  |  | if Code<br>(Instr  | (Instr. 8)   |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Owned Following Reported<br>Transaction(s)  |   | ted  | Ownership<br>Form:  | Beneficial   |
|  |   |  |   | (Month/Day/Yea   |  | r) Co  | de V   | Amoun   | (A) or  | (Ins  | str. 3 and 4                                | 4)  |  | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)                                    | Ownership<br>(Instr. 4)                            |
| Common   | Stock   |  | 03/13/2006  |  |  | N  |  | 3,000   | Δ   | •   | 200   |   |  | D   |  |
| Common   | Stock   |  | 03/13/2006  |  |  | S  | ,  | 3,000   | D   | \$ 42   200   | 0   |   |  | D   |  |
| Kemmder  | Report on a s   | separate line for ea   | ch class of securities                                      | s beneficia  | lly own  | ed direct  | Perso  | ns who  | this for  | m are not   | required                                    | of inform<br>I to respoi  | nd unless t  |   | 1474 (9-02)  |
| Keimidei.  | Report on a s   | separate line for each   | Table II - l  | Derivative   | Securi   | ties Acq   | Perso<br>conta<br>form   | ons who<br>ined in<br>display   | this for<br>s a curr<br>f, or Ben                                 | m are not<br>ently valid<br>eficially Ov  | required<br>d OMB co                        | l to respoi   | nd unless t  |   | 1474 (9-02)  |
| 1. Title of  | 2.<br>Conversion  | 3. Transaction   | Table II - I ( 3A. Deemed Execution Date, if                | Derivative<br>e.g., puts,<br>4.<br>Transact<br>Code                              | Securicalls, w 5.1 ion of Der Sec Acc (A) Dis of (   | ties Acquarrants Jumber rivative urities quired or posed D) str. 3, 4,   | Perso<br>conta<br>form<br>uired, Dis                                       | ons who<br>ined in<br>display<br>posed of<br>converti-<br>tercisable<br>Date                  | this for s a curr<br>f, or Bendble secure                         | m are not<br>ently valid<br>eficially Ov  | required<br>d OMB co<br>wned<br>d<br>d<br>f | to respondent on trol numbers of the second | nd unless t  | of 10. Owners: Form of Derivati Security Direct ( or Indire                       | 11. Nature of Indire Beneficion Ownersh (Instr. 4) |
| 1. Title of<br>Derivative<br>Security                      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction   | Table II - I ( 3A. Deemed Execution Date, if                | Derivative<br>e.g., puts,<br>4.<br>Transact<br>Code                              | Securicalls, we see Securicalls, we see Securicalls, we see Securical Securi | vities Acquarrants Sumber vivative urities quired or posed D) str. 3, 4, | Persoconta<br>form<br>uired, Dis<br>, options,<br>6. Date Ex<br>Expiration | ons who<br>ined in<br>display<br>posed of<br>converti<br>ercisabl<br>Date<br>ay/Year          | this for<br>s a curr<br>f, or Beneble secure<br>e and             | rm are not<br>rently valid<br>eficially Overities)  7. Title an<br>Amount of<br>Underlyin<br>Securities   | required<br>d OMB co<br>wned<br>d<br>d<br>f | 8. Price of Derivative Security   | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | f 10.<br>Owners:<br>Form of<br>Derivati<br>Security<br>Direct (i<br>or Indirects) | 11. Nature of Indire Beneficion Ownersh (Instr. 4) |

### **Reporting Owners**

| B C O N (AII  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |
| MCCLAIN JERRY G<br>3838 WEST PARKWAY BLVD<br>SALT LAKE CITY, UT 84120 | X             |           |         |       |  |  |

### **Signatures**

| Gilbert A. Fuller, as attorney in fact | 03/15/2006 |
|--|------------|
| **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.