## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
houre par rachanca	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 Nome or															
1. Name and Address of Reporting Person *- IIEKKING G DOUG			2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 3838 WEST PARKWAY BLVD				3. Date of Earliest Transaction (Month/Day/Year) 10/20/2006						X Officer (give title below) Other (specify below)  VP of Finance					
(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						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquir	luired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	xecution Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Transaction(s)		Ownership Form:	Beneficial		
				(Month/Da	iy/ Y ear)	Code	V	Amoun	(A) or (D)	Price	or Indi		or Indirect	Ownership (Instr. 4)	
Common	Stock		10/20/2006			М		20,000	) A	\$ 0.83	20,000			D	
Common	Stock		10/20/2006			S		20,000	) D	\$ 45	)			D	
					,	t directly (	conta	ns who	this for	m are n	e collection	l to respor	id unless tl		1474 (9-02)
				Derivative S	Securiti	es Acquir	Perso conta form o	ns who	this for s a curr f, or Bend	m are n ently va	ot required alid OMB co	l to respor	id unless tl		1474 (9-02)
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code	Securiti alls, wa 5. Nu of Deriv Secur Acqu (A) or Dispo	mber 6. rative (Nosed of	Perso conta form o	ns who ined in display oosed or onverti	this for s a curr f, or Bend ble secur	eficially (ities)  7. Title Amour Underl Securit	oot required alid OMB co	to respor ontrol num 8. Price of	id unless tl	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Nature of Indire Beneficie Owners! (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transaction Code	Securiti alls, wa 5. Nu n of Deriv Secur Acqu (A) oo Dispo (D) (Instr and 5	mber 6. Frative rities ired r sosed of . 3, 4,	Perso conta form of red, Disp ptions, of Date Ex xpiration	ns who	this for ys a curr f, or Bendible secur olle and	eficially (ities)  7. Title Amour Underl Securit	oot required alid OMB of Owned  e and of of lying ties	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct ( or Indirects)	11. Nature of Indire Beneficie Owners! (Instr. 4)

## **Reporting Owners**

P ( 0 N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
IIEKKING G DOUG 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120			VP of Finance			

## **Signatures**

Gary D Hekking	10/24/2006
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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.