# FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	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

(Print or Type	e Responses)															
1. Name and Address of Reporting Person *- WENTZ DAVE				2. Issuer Name <b>and</b> Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]							5. Re	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
3838 WES	T PARKW.	(First) AY BLVD		3. Date of Earliest Transaction (Month/Day/Year) 12/06/2006				X	X_Officer (give title below) Other (specify below)  President							
(Street) SALT LAKE CITY, UT 84120				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	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)	CL CITT, C	(State)	(Zip)	Table I - Non-Derivative Securities Acqui							Acquired,	ired. Disnosed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	1.Title of Security Instr. 3)		2. Transaction Date [Month/Day/Year)	2A. Deemed 3. Tran Execution Date, if Code		8) (1		(A) or	f (D) Own Trans		Securities Beneficially ying Reported		Ownership of form: Be	eneficial wnership		
Reminder: Re	eport on a sep	parate line for each	Table II - 1	Derivativ	e Seci	uritie	s Acqı	Person contair form d	is who ned in t isplays	his forn a curre or Benef	n are not r intly valid	equired OMB co	of informa to respon ntrol num	d unless the		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date,	4. 5. Transaction of Code Pear) (Instr. 8) Se Ac (A Di of (Ir		5. Nof Deri Secu Acqu (A)	vative urities uired or bosed D) tr. 3,	6. Date Ex Expiration	options, convertible security  6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and	f g		f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	· V	(A)	(D)	Date Exercisable		iration	Title	Amount or Number of Shares				
Call Option (Obligation to Sell)	\$ 74.9715	12/06/2006		S(1)			1	03/01/20	10 03/0	01/2010	Common Stock	50,000	\$ 195,000	3 (2)	D	
Put Option	\$ 39.72	12/06/2006		P(1)		1		03/01/20	10 03/0	01/2010	Common	50,000	\$ 195,000	3 (2)	D	

D (1 0 N //1)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WENTZ DAVE							
3838 WEST PARKWAY BLVD			President				
SALT LAKE CITY, UT 84120							

# **Signatures**

David A. Wentz	12/08/2006
**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).
- The reporting person entered into a "zero-premium collar" arrangement pursuant to which he wrote a covered call option and purchased a put option. Only one of the options can be in (1) the money on the expiration date at which time the in-the-money option will be exercised (and settled for cash) and the other option will expire. If neither option is in the money on the expiration date, both options will expire.
- (2) Includes one (1) zero premium collar derivative security which is the subject of this report, and two (2) variable prepaid forward contracts previously reported.

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.

