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

OMB APPR	OVAL
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or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 Transactions Reported 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 <b>and</b> 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)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				Officer (give title below) Other (specify below)  CFO and Executive V.P.			
3838 WEST PARI	KWAY BLV	D	01/03/2009							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)		
SALT LAKE CITY, UT 84120								_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction	4. Securi	ities Aco	auired	5. Amount of Securities	6.	7. Nature
(Instr. 3)		Date	Execution Date, if		(A) or Disposed of			Beneficially Owned at end of	Ownership	
()		(Month/Day/Year)		(Instr. 8)	(D)			Issuer's Fiscal Year		Beneficial
			(Month/Day/Year)	` /	(Instr. 3, 4 and 5)			(Instr. 3 and 4)	Direct (D)	Ownership
			()		(======)			(	or Indirect	
						(A) or			(I)	(
					Amount	. ,	Price		(Instr. 4)	
Common Stock								904 (1)	I	401k

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 are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	nber	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amou	int of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	ities		,	Secur	ities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Acqui	red			(Instr	3 and		Beneficially	Security:	(Instr. 4)	
	Security				(A) or				4)			Owned at	Direct (D)		
					Dispo	sed						End of	or Indirect		
					of (D)							Issuer's	(I)		
					(Instr.	3,						Fiscal Year	(Instr. 4)		
					4, and	5)						(Instr. 4)			
										Amount					
							Data	E-minstina		or					
							Date Exercisable	Expiration Date	Title	Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

# **Reporting Owners**

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

# **Signatures**

James Bramble, as attorney in fact	02/17/2009
**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).
- Between December 29, 2007 and January 3, 2009, the reporting person acquired 274 shares of USANA common stock in transactions pursuant to the issuer's 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.