FORM 4
Check this box if no

(Print or Type Rest

Check	this box if no	
longer	subject to	
Sectio	n 16. Form 4 or	
Form	5 obligations	
may c	ontinue. See	
Instru	ction 1(b).	

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

See 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 R Jones Paul A.	2. Issuer Name and USANA HEALTI			•••		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
3838 WEST PARKWA	(First) AY BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015						X Officer (give title below) Other (specify below) CFO				
SALT LAKE CITY, U	(Street) T 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 Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code		4. Securi (A) or D (Instr. 3, Amount	isposed 4 and 5 (A) or	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership		
Common Stock		05/20/2015		М		4,941 <u>(1)</u>	А	\$ 38.23	4,941	D			
Common Stock		05/20/2015		S		4,941		\$ 130		D			

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 SEC 1474 (9-02) 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	lumber	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	insaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Der	ivative	(Month/Day/	(Month/Day/Year)		Underlying		Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)			urities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative						luired			(Instr. 3 and	d 4)			Security:	(Instr. 4)
	Security					(A)							0	Direct (D)	
							posed						1	or Indirect	
						of (Transaction(s) (Instr. 4)		
						and	tr. 3, 4,						(111501.4)	(Instr. 4)	
						anu	5)		1						
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date	1 IIIC	of				
				Code	v	(A)	(D)				Shares				
Stock															
Settled															
Stock	\$ 38.23	05/20/2015		М			7 000	12/17/2013	06/17/2018	Common	7,000	\$ 0	21,000	D	
Appreciation		03/20/2013		101			7,000	12/1//2013	00/17/2018	Stock	7,000	\$U	21,000	D	
Rights															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Jones Paul A. 3838 WEST PARKWAY BLVD. SALT LAKE CITY, UT 84120			CFO					

Signatures

 James Bramble, as attorney in fact.
 05/22/2015

 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).

(1) The shares acquired resulted from the reporting person's settlement of the stock-settled stock appreciation rights disclosed in Table II.

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.