FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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

(Print or Ty	pe Response	es)																		
1. Name and Address of Reporting Person *- Gull Global Ltd						2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) PO BOX N-4899, 2/F BAHAMAS FINANCIAL CTR, SHIRLEY & CHARLOTTE STREETS						3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015								-		r (give title belo			specify belo	w)
(Street) NASSAU, C5 BH1-1000					4. If	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 Acqui							cquir	ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)		Execut any	,	if ((A) or Disposed of (Instr. 3, 4 and 5)		ed of ((D) Benefic Reporte		nount of Securities icially Owned Following ted Transaction(s)		Form	ership of Be	eneficial		
					(Month	Month/Day/Year)		Code V		(A) or Amount (D)		Pri	ice	(Instr. 3	3 and 4)				Ownership (Instr. 4)	
Common	Stock		06/10/2	015				S			7,000 (1) (2)	D	\$ 133. (3)	7504	6,470,1	10		D		
Reminder: indirectly.	Report on a	separate line	e for each	class of sec	curities	beneficial	ly o	wned		•										
									C	on	tained i	n thi	s forr	m are	not req	uired to re	nformation espond un ntrol numb	less	SEC	1474 (9- 02)
			, 	Table II -		tive Secu uts, calls,									y Owned	l				
1. Title of Derivative Security (Instr. 3) Conversio or Exercis Price of Derivative Security		on Date See (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				4. Transaction Code Year) (Instr. 8)				6. Date Exercis and Expiration (Month/Day/Y		on D	on Date Year)		nount of derlying surities str. 3 and Derivative (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y Do Se Di or n(s) (I)	wnership orm of erivative ecurity: irect (D) Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
						Code	V	(A)		Dat Exe	te ercisable		ration	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Gull Global Ltd								
PO BOX N-4899, 2/F BAHAMAS FINANCIAL CTR		X						
SHIRLEY & CHARLOTTE STREETS		Λ						
NASSAU, C5 BH1-1000								

Signatures

James Bramble, as attorney in fact.	06/12/2015
**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 holder of record of the shares of Common Stock disposed is Gull Global Limited, an entity wholly indirectly owned and controlled by Dr. Myron W. Wentz.
- (2) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 3, 2014.

Weighted average price. Price range in multiple transactions was \$131.20 to \$135.49, inclusive. The reporting person undertakes to provide USANA Health Sciences, Inc., (3) any security holder thereof or the staff at the Securities and Exchange Commission information regarding the number of shares sold at each price within the ranges set forth.

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.