FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
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ours per respon	se 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

(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. R	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) 05/11/2016									r (give title belo		Other (specify b	elow)
(Street) NASSAU, C5 BH1-1000				4. If	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) (State) (Zip)					Table I - Non-Derivative Securities Acqui							quired,	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Date (Month/Day/Year) a		eemed tion Date, i	f Code (Instr. 8)		ction	(A) or Dispos (Instr. 3, 4 an		osed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following	Ownership of l Form: Ber	Beneficial	
					Month/Day/Year)		ode	V	Amount	(A) or (D)	Pric	Ì	(Instr. 3 and 4)				Ownership (Instr. 4)
Common	Stock		05/11/2016				S		10,000 (1) (2)	D	\$ 122.6 (3)	653 6,3	369,1	10		D	
Reminder: indirectly.	Report on a	separate line	for each class of s	ecurities	beneficiall	y own	ed dir	Per	rsons wh	n this	form	are no	t req	uired to re	oformation	ess	EC 1474 (9- 02)
				(e.g., p	ntive Secur	varra	nts, oj	ed, I	Disposed is, conver	of, or	Benefi securit	icially O		l	ntrol numb		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transacti Date (Month/Day	Execution any	Date, if	4. Transaction Code Year) (Instr. 8)				6. Date Exercisal and Expiration D (Month/Day/Yea		n Date Arr Vear) Un Se		and of ing es and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4)
					Code V	/ (A) (D)		nte cercisable	Expir Date	ation .	Title or Nu					

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.	05/12/2016
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 August 18, 2015.

Weighted average price. Price range in multiple transactions was \$121.45 to \$125.00, 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.