# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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 Typ	e Response	es)																	
1. Name and Address of Reporting Person *- Gull Global Ltd					2. Issuer Name <b>and</b> Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X 10% Owner						
PO BOX N-4899, 2/F BAHAMAS FINANCIAL CTR, SHIRLEY & CHARLOTTE STREETS					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2016							-		r (give title belo		Other (specify	below	v)	
(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)  Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	,	(State)	(Zip)			Ta	ble I -	Non-	Dei	rivative S	Securi	ities A	cquir	ed, Disp	osed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)		D	ate Month/Day/Year)	any	emed ion Date, if				ion	(A) or Disposed of (Instr. 3, 4 and 5)			D) Beneficially Owne Reported Transact		Following	6. Ownershi Form: Direct (D	of Be	eneficial	
				(Monu	1/Day/ 1 e	ear)	Coc	le	V	Amount	(A) or (D)	Pri	ice	(Instr. 3 and 4)			or Indirec (I) (Instr. 4)		vnership istr. 4)
Common S	Stock	0	6/08/2016				S			10,000 (1) (2)	D	\$ 123.4 (3)	4682	6,359,1	10		D		
Reminder: R indirectly.	Report on a	separate line fo	r each class of sec	urities	beneficia	ally	owned	l direc	tly	or									
									cor	ntained i	n this	s forn	n are	not req	uired to re	nformation espond un ntrol numb	less	SEC	1474 (9- 02)
			Table II -							Disposed of s, conver				y Owned					
1. Title of Derivative Security (Instr. 3) Price of Derivativ Security		se (Month/Day/Year) any (Month/Day		ate, if	4. Transaction Code Year) (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate ·)	Amo Unde Secu	tle and unt of erlying rities r. 3 and		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ship of tive ty: (D) rect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)	
					Code	V	(A)	(D)	Da Ex	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 SHIRLEY & CHARLOTTE STREETS NASSAU, C5 BH1-1000		X					

### **Signatures**

James Bramble, as attorney in fact.	06/10/2016			
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 \$121.84 to \$124.32, 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.