FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0	287		
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ours per response)	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 Type Responses)												
1. Name and Address of Reporting Person * WENTZ MYRON W			2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
3838 WEST PARKWAY BI	LVD (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/12/2016		Office	er (give title belo	w)	Other (specify b	elow)				
(Street)		4. If Amendment	4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
SALT LAKE CITY, UT 841 (City) (State)	(Zip)					ed by More than	One Reporting	i cison				
		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		Benefici Reporte	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		nstr. 3 and 4)		\ /	Ownership (Instr. 4)
Common Stock	10/12/2016		S	V	10,000 (1) (2)		\$	495 6,319,1	110		I	Shares owned of record by Gull Global
												Limited (1)
Reminder: Report on a separate li- indirectly.	ne for each class of se	curities beneficially	owned dire									(1)
	ne for each class of se	curities beneficially	owned dir	Per	sons wh	n thi	is form	to the colle are not req rrently valid	uired to re	spond un	less	
		curities beneficially Derivative Securit (e.g., puts, calls, w	ties Acquir	Per con the	rsons whatained i form dis	n thi splay	is form ys a cu r Benefie	are not req rrently valid cially Owned	uired to re d OMB cor	spond un	less	(1) EC 1474 (9-
	Table II - ation 3A. Deemed Execution I ay/Year) any	Derivative Securit	ties Acquir arrants, o	Per con the red, E otions and e (M	rsons what ained in form disposed of secondary	of, or tible reisaltion D	r Benefic securiti ble 7 eate A r) U	are not requirently valid cially Owned es) Title and amount of Underlying decurities Instr. 3 and	uired to red OMB cor	spond un	of 10. Ownersl Form of y Derivati Security Direct (I or Indire	11. Natural of Indire Benefici ve Covners! (Instr. 4)

Reporting Owners

Describe Osser News / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
WENTZ MYRON W					
3838 WEST PARKWAY BLVD	X				
SALT LAKE CITY, UT 84120					

Signatures

James Bramble, as attorney in fact.	10/13/2016
**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 \$145.65 to \$147.25, 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

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.