FORM 4
Check this box if no

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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).

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

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#### 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

(Thit of Type Respons	303)								-			
1. Name and Address Noot Walter	of Reporting Person <sup>*</sup>		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 10% Owner			
3838 WEST PARK	(First) XWAY BLVD		3. Date of Earliest Transaction (Month/Day/Year) 12/16/2016						X Officer (give title below) Other (specify below) Chief Information Officer			
SALT LAKE CITY	4	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		2. Transaction	2A. Deemed	3. Transacti	on	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3) Date			Execution Date, if Code			(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect	
(Month/Day/Yea		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code				Price		(Instr. 4)		

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				4.		5. Numb							9. Number of		11. Nature
	Conversion		Execution Date, if											Ownership	
		(Month/Day/Year)		Code		Derivativ		(Month/Day/Yea	· ·			2			Beneficial
(	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie						· /		Derivative	-
	Derivative					Acquired	1			(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or							•	Direct (D)	
						Disposed	1 of						1	or Indirect	
						(D) (Instr. 3,	4						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						(1130.5) and 5)	4,						(IIISU. 4)	(IIIsu. 4)	
						and <i>5</i> )									
											Amount				
								Date	Expiration		or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock-															
Settled										_					
Stock	\$ 62.20	12/16/2016		А		80,000		12/16/2017 <mark>(1)</mark>	07/16/2022	Common Stock	80 000	\$ 0	80,000	D	
	• • • •	12/10/2010		11		00,000		12/10/2017-	07710/2022	Stock	00,000	ΨΟ	00,000	5	
Appreciation															
Right															

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
reporting owner frame / fradress	Director	10% Owner	Officer	Other					
Noot Walter 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120			Chief Information Officer						

## Signatures

James Bramble, as attorney in fact.	12/19/2016
**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) Stock-Settled Stock Appreciation Rights granted vest at 20% per year for five years, commencing on the first anniversary of the grant date.

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.