# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
nours 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. 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) 03/08/2017						r)	Office	er (give title belo		Other (specify be	low)	
(Street) NASSAU, C5 BH1-1000				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui						quired, Disp	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execut			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			D) Benefici Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			7. Nature of Indirect Beneficial		
			(Mont)			ode	V	Amount	(A) or (D)	Pric		(Instr. 3 and 4)			Ownership Instr. 4)		
Common	Stock		03/08/2017			Š	S		20,000 (1) (2)	D	\$ 57.15 (3)	12,538	,220		D		
Reminder: indirectly.	Report on a	separate line	for each class of sec	curities	beneficially	owne		Per:	sons wh	n this	form	to the colle	quired to re	espond unl	ess	C 1474 (9- 02)	
					tive Securit uts, calls, w							cially Owne	1				
Security	Conversion	ise (Month/Day/Yea	Day/Year) Execution Da	Date, if	4. Transaction Code Year) (Instr. 8)				6. Date Exercisa and Expiration E (Month/Day/Yea		n Date Ar Year) Ur Se	7. Title and Amount of Jnderlying Securities Instr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivativ Security: Direct (Dor Indirect	))	
					Code V	(A)	(D)	Dat Exe	te ercisable	Expira Date	ation	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.	03/09/2017
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 \$56.975 to \$57.65, 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.