FORM ·	4
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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).

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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

1. Name and Address of Reporting Person <sup>*</sup> IIEKKING G DOUG			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) WAY BLVD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/23/2017						X_Officer (give title below) Other (specify below) CFO			
(Street) SALT LAKE CITY, UT 84120			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 (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transact Code (Instr. 8)		(A) or Disposed of (D)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	1	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained 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	2.	3. Transaction	3A. Deemed	4.		5. Num	nber	6. Date Exer	cisable	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	tive	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securit	ies			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquir	ed			(Instr. 3 and	d 4)		Owned	2	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispos	ed						- <b>F</b>	or Indirect	
						of (D)							Transaction(s)	· · /	
						(Instr. 3	3, 4,				(Instr. 4)	(Instr. 4)			
						and 5)	<b>-</b>								
											Amount				
								Date	Expiration		or				
								Exercisable	Date		Number				
				Code	v						of Shares				
				Code	v	(A)	(D)				Shares				
Restricted										Common					
Stock	<u>(1)</u>	10/23/2017		Α		2,691		<u>(2)</u>	<u>(2)</u>		2,691	\$ 0	6,236	D	
Units										Stock					

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
IIEKKING G DOUG 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120			CFO					

### Signatures

James Bramble, as attorney in fact.	10/25/2017
***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) Each restricted stock unit represents a contingent right to receive one share of USNA common stock.
- (2) Restricted Stock Units vest 25% on the anniversary of October 23rd, 2017.

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.