# FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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).

#### 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	s)													
1. Name and Address of Reporting Person * Winssinger Frederic J					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				
(Last) (First) (Middle) 2944 N 44TH STREET, SUITE 250					3. Date of Earliest Transaction (Month/Day/Year) 10/30/2018							r (give title belo		Other (specify b	elow)
(Street)				4. If	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  ired, Disposed of, or Beneficially Owned				
PHOENIX, AZ 85018 (City) (State) (Zip)				The North Control											
				24 Da											7. Nature
(Instr. 3) Da			Execut any	2A. Deemed Execution Date, if any	Code (Instr. 8)		n 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership o	of Indirect Beneficial	
				(Month	n/Day/Year)	Code	V	Amount	(A) or (D)	Price	or Indire (I)		or Indirect	Ownership (Instr. 4)	
Common	Stock		10/30/2018			S		282	D	\$ 114.458	0			D	
Reminder: lindirectly.	Report on a s	separate line	e for each class of se	ecurities	beneficially	owned di	Pe	rsons w					formation		EC 1474 (9-
													spond unl trol numb		02)
			Table II		itive Securi							l			
Security	Conversion			ed Date, if	4. Transaction Code	5. Numb	er 6. ar ve (N s l	Date Exe dd Expirat Month/Day ate	ercisab ion Da y/Year	le 7. Tate Am Und Sec (Ins. 4)	Fitle and nount of derlying curities str. 3 and  Amount or Number of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4)
					Code V	(A) (E	)				Shares				

### **Reporting Owners**

Describer Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Winssinger Frederic J 2944 N 44TH STREET SUITE 250 PHOENIX, AZ 85018	X					

### **Signatures**

Joshua Foukas, as attorney in fact.	10/31/2018
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).

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.