FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| hours 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* Pelosi Peggie | | | | 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) 3838 W PARKWAY BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021 | | | | | | | Officer (give title below) Other (specify below) | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | | (Instr. 8 | | | 4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5) | | d of (D) | Beneficially | of Securities y Owned Following ransaction(s) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership |
| | | | | Ì | | | Code | V | Amo | (A) o | r Price | (| | or Indire (I) (Instr. 4) | | (Instr. 4) |
| Common S | Stock | | 02/10/2021 | | | | M | | 426 | A | (1) | 1,518 | | | D | |
| Common S | Stock | | 02/10/2021 | | | | F | | 197 | D | \$ 98.53 | 1,321 | | | D | |
| | | | | Derivative | | | | form | ispose | lays a cu d of, or B | urrently v | /alid OMB (| control nun | nd unless th | | |
| Derivative Security | Conversion or Exercise (Month/Day/Year) Execution Date, if Code of Cod | | 7. Title of Unde Securiti | 7. Title and Amount | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownershi (Instr. 4) | | | | | | | | |
| | | | | Code | V | (A) | (D) | Date Exerci | sable | Expiration Date | n Title | Amoun or Numbe of Shares | | | | |
| Restricted Stock Units | <u>(1)</u> | 02/10/2021 | | М | | | 426 | C | 2) | (2) | Comm | 1 426 | \$ 0 | 426 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Pelosi Peggie | v | | | | | | |
| 3838 W PARKWAY BLVD. SALT LAKE CITY, UT 84120 | X | | | | | | |

Signatures

| Joshua Foukas, as attorney in fact. | 02/12/2021 |
|-------------------------------------|------------|
| **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 July 22, 2020, October 21, 2020, February 10, 2021, and April 28,2021.

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.