# 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 Ty	pe Response	s)															
1. Name and Address of Reporting Person* Foukas Joshua					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					
(Last) (First) (Middle) 3838 WEST PARKWAY BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2021							X Officer (give title below) Other (specify below)  Chief Legal Officer					
(Street) SALT LAKE CITY 84120				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Exec any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securit ally Owned I Transaction	Following	Ownership	Beneficial		
			(Moi				ode	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	n Stock		10/28/2021				;	S		181	D	\$ 95.17	7 0			D	
			Table II -					quire	the f	orm dis	splays a	a curre	ently valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution D	ate, if	4. Transac Code	etion	5.	ber vative rities ired r osed )	6. Da	ate Exer Expiration nth/Day/	on Date	7. 7. Am Un Sec (In: 4)	Amount or Number		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficial Ownership (Instr. 4)

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Foukas Joshua 3838 WEST PARKWAY BLVD. SALT LAKE CITY 84120			Chief Legal Officer					

# **Signatures**

Joshua Foukas	10/29/2021
**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).

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.