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

1. Name and Address of Reporting Person* Noot Walter			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) 10/29/2021					X Officer (give title below) Other (specify below) Chief Operating Officer						
(Street)			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					
		Y, UT 84120										- Cale Reporting		
(City)	(State)	(Zip)	T	able I - No	n-Der	ivative S	ecurities	Acquir	red, Dispo	sed of, or I	Beneficially	Owned	
(Instr. 3) Da (M		2. Transaction Date (Month/Day/Year)	•	(Instr. 8)	(A) or Disposed		isposed o	of (D) Benefici Reported		ant of Securities ally Owned Following d Transaction(s)		6. Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
		10/29/2021		S	,		D \$	2	0			D		
Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficially o	wned direc	Pers cont	ons who	o respor this for	rm are	not requ		ormation spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative Securit	ies Acquir	Pers cont the f	sons who tained in form dis	o respore this for plays a of	rm are curren eficially	not requ tly valid	ired to res	spond unle	ss	1474 (9-02)
1. Title of Derivative Security	•	3. Transaction	Table II - 3A. Deemed Execution Da	Derivative Securit (e.g., puts, calls, w	ies Acquir arrants, op 5.	Pers cont the f	sons who tained in form dis	o respor this for plays a of f, or Ben ible secur isable n Date	rm are curren reficially rities) 7. Tit Amore Unde Secure	not required the and unt of earlying	OMB conf	spond unle	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indire Beneficie (Instr. 4)

			Relationships					
Reporting Owner Name / Ad	dress	Director	10% Owner	Officer	Other			
Noot Walter 3838 WEST PARKWAY I SALT LAKE CITY, UT 8				Chief Operating Officer				

Signatures

Joshua Foukas, as attorney in fact.	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.