FORM 4

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

OMB APPROVAL
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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) | | | | | | | | | | | | | | | | | | |
|---|---|--|--------|----------------------------|---|--|---|---|------|---|-----------|--------------------|---|--|--|---|---|----------------------|--|--|
| Name and Address of Reporting Person* Neidig Brent | | | | | | 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) 11/05/2021 | | | | | | | X | X Officer (give title below) Other (specify below) Chief Officer & MD of China | | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | SITY, UT 8 | 4120 | | | | | | | | | | | | | a of more unit | - one reporting | . 0.501 | | |
| (City |) | (State) | | (Zip) | | | Tab | le I - 1 | Non- | Deri | ivative S | Securit | ies Ac | quired, | Dispo | osed of, or l | Beneficially (| Owned | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) | | Execution Date, if any | | if C | Code (Instr. 8) | | (| 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | |) Ben Rep | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership of Form: | Beneficial | | |
| | | | | | (Month/Day/Year) | | ar) | Code | de V | | Amount | (A) or (D) | Prio | | (Instr. 3 and 4) | | \ / | Ownership (Instr. 4) | | |
| Common Stock | | 11/05 | 5/2021 | | | | S | |] | 175 | D | \$ 102. | .88 0 | 0 | | | D | | | |
| | | | | | | rative Secu | | | tt | ne fo | orm dis | splays of, or B | a cui Benefic | rrently v | valid | | spond unle trol numbe | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | /Year) | 3A. Deemed Execution Da | ate, if | 4. Transactio | 5. N o: D S A (A D o: (I | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7 A U S | 7. Title an Amount of Juderlyin Securities Instr. 3 a | of ng | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | (Instr. 4) | | |
| | | | | | | Code | V (| (A) (| | Date Exer | | Expirat Date | tion T | or Numof | mber ares | | | | | |

Reporting Owners

| | Relationships | | | | | | | | |
|---|---------------|--------------|-----------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Neidig Brent 3838 WEST PARKWAY BLVD. WEST VALLEY CITY, UT 84120 | | | Chief Officer & MD of China | | | | | | |

Signatures

| Joshua Foukas, as attorney in fact. | 11/09/2021 |
|-------------------------------------|------------|
| **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.