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* FULLER GILBERT A | | | | | | 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 | | | | | |
| 3838 WEST PARKWAY BLVD (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2022 | | | | | | | - | Office | r (give title belo | w) | Other (| (specify belo | w) | |
| (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 | | | | | | |
| SALT LA | AKE CITY | 7, UT 8412 | 20 | | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Yea | | any | tion Date, if | Code (Instr. 8) | | tion | or Disposed of (D) (Instr. 3, 4 and 5) | | Benefic Reporte | | icially Owned Following ted Transaction(s) | | Ownership Form: | | Beneficial | |
| | | | | (Mont | onth/Day/Year) | | de | v | Amount | (A) or (D) | Pr | rice | (Instr. 3 | nstr. 3 and 4) | | | ` / | Ownership (Instr. 4) | |
| Common | Stock | | 02/15/ | 2022 | | | S | | | 312 | D | \$ 89.6 | 6224 | 0 | | | D | | |
| | | | | | | ative Secur | | cquir | the | ntained i form dis Disposed | n this splays of, or l | forms a co | n are urren ficially | not requ tly valid | | ormation spond unle rol numbe | | SEC 14 | 74 (9-02) |
| | 1 | 1 | | 3A. Deemed | | outs, calls, v | | ts, op | | | | | | | | | | | 1 |
| Derivative Conversion Date | | | ate Extended Annih/Day/Year) Ex | | ate, if | 4. Transaction Code (Instr. 8) | | 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) | | e | Amou Unde Secur | . 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | F S C S C o (s) (I | 0. Dwnership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | | Code V | (A) | (D) | Da Ex | ate ercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| FULLER GILBERT A 3838 WEST PARKWAY BLVD | X | | | | | | |
| SALT LAKE CITY, UT 84120 | | | | | | | |

Signatures

| Joshua Foukas, as attorney in fact | 02/16/2022 | | | |
|------------------------------------|------------|--|--|--|
| **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.