# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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 *- WENTZ MYRON W			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 X 10% Owner							
(Last	)	(First)	(Middle)				ther (specify belo	w)								
,		(Street)		4. If Amendment, Date Original Filed(M			iled(Month/Day/Year)  6. Individual or Joint/Group Filing(Check _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				Line)					
(City	·)	(State)	(Zip)		Ta	ble I -	Non-	-Deri	vative S	ecurities A	Acqui	red, Disp	osed of, or	Beneficially (	Owned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		f Code (Instr. 8)		(A) or Disposed o (D) (Instr. 3, 4 and 5)		f Beneficia		ally Owned Following Transaction(s)		Ownership of Born: Born: Ornect (D)	eneficial wnership	
						C	ode	v	Amoun	(A) or	Price				or Indirect (In I) Instr. 4)	nstr. 4)
			Table II - I	Derivative S			quire	the f	orm dis	splays a c	curre:	ntly valid	d OMB co	espond unle ntrol numbe		02)
Security	Conversion	vative	ransaction 3A. Deemed Execution Da	4. Trans Code	5. Number		r 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Undo Secu	Title and 8 mount of nderlying securities and (1)	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia		
												Amount				

### **Reporting Owners**

D	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WENTZ MYRON W						
	X	X	CEO			
,						

## **Signatures**

Gilbert A. Fuller	06/11/2003
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) Shares owned of record by Gull Holdings Ltd., an entity owned and controlled by this reporting person.

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.