Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations $\ \, \text{may continue.} \, \textit{See}$ Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | | | | |
|--|------------------|--|--|-------------------|--|------|-------------|--|-----------------------------------|---------------|--|---------------------------------|-----------------------------------|--|---|---------------|---|---|---|--|
| 1. Name and Address of Reporting Person *- WENTZ DAVE | | | | | 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 | | | | | |
| 3838 WEST PARKWAY BLVD (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2005 | | | | | | | | | X Officer (give title below) Other (specify below) President | | | | | | |
| SALT LA | AKE CITY | (Street) | | 4 | 1. If Ame | endn | nent, I | Oate (| Original Fil | ed(M | onth/Da | y/Year) | | _X_ | Form filed by | One Reporting | up Filing(Che Person Reporting Perso | | Line) | |
| (Cit | y) | (State) | (Zip) | | | | 7 | able | I - Non-Do | eriva | tive S | ecuritie | es Acqui | ired | l, Disposed | of, or Ben | eficially Ow | ned | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Cod (Inst | ransaction e tr. 8) | (A) | 4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5 | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | - | Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | C | ode V | An | nount | (A) or (D) | Price | | | | | (I) (Instr. 4) | | |
| Common Stock 08/03/2005 | | 05 | | | | | S | 10 | ,000 | D | \$ 49.32 | 285,000 | | | | D | | | | |
| Common | Stock | | | | | | | | | | | | | 8,704 | | | I | 401k | | |
| 1 Title of | 2 | 3 Transaction | | (| e.g., puts | | lls, wa | arran | form equired, D ts, options | ispos | splays sed of everti | s a cur , or Ben ble secu | rently v neficially rities) | y O | d OMB co | ontrol num | | | 11 No | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Yea | 3A. Deemed Execution Date, i any (Month/Day/Yea | ned n Date, if | Code | | 5. Nu of | vative rities nired or osed 0) r. 3, | | xerci n Da | | | | erly ies | Ü | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form o Derivat Securit Direct (or India | f Benefi Cowner (Instr. | |
| | | | | | Code | v | (A) | | Date Exercisab | | Expir Date | ation | Title | | Amount or Number of Shares | | | | | |
| Stock Options (Right to buy) | \$ 0.74 | | | | | | | | 07/30/20 | 002 | 01/30 | 0/2012 | Comm Stoc | | 150,000 | | 150,000 | D | | |
| Stock Options (Right to buy) | \$ 2.445 | | | | | | | | 01/11/20 | 001 | 01/1 | 1/2006 | Comm | | 50,000 | | 50,000 | D | | |
| Repor | rting O | wners | | | | | | | | | | | | | | | | | | |
| Reportin | g Owner N | ame / Address | | Relatio | nships | | | | | | | | | | | | | | | |
| WENTZ 3838 WE | DAVE EST PARK | | Director 10 | % Owner | Presi | | Otl t | ner | | | | | | | | | | | | |
| Signa | tures | | | | | | | | | | | | | | | | | | | |
| | A. Fuller, as | s attorney-in-fac | t | 08/05 | | | | | | | | | | | | | | | | |

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. |
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