FORM 3

(Print or Type Responses)

Person *

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weekington, D.C. 20540

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB	3235-				
Number:	0104				
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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

USANA HEALTH SCIENCES INC [USNA]

Other

WOOD TIMOTHY E		(Month/Day/Year) 10/10/2003					
(Last) (First) (N 3838 WEST PARKWAY B	fiddle)	0/2003	4. Relationship of Reporting Person(s) to Issuer		Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting	
(Street) SALT LAKE CITY, UT 84	120			(Check all applicable) Director X Officer (give title below) Vice President of R and D			
(City) (State)	(Zip)	Tabl				Person Beneficially	Owned
1.Title of Security (Instr. 4)		2. An	nount of Sec ficially Owr	curities	3.	4. Nature of Indi Ownership	
not requir number.	who respond red to respon	to the collected unless the	ction of inf form disp	ormation plays a cu	contained in	n this form are OMB control	
(Instr. 4) Exp (Mor	Ti and the second	Exercisable and tion Date Secondary December 2018		Title and Amount of curities Underlying erivative Security nstr. 4)		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount of Number of Shares		Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Options (Right to buy)	09/01/2003	03/01/2012	Common Stock	95,000	\$1.65	D	
ouy)			Common	10,000	\$4.89	D	

Relationships

Vice President of R and D

Director 10% Owner Officer

Signatures

WOOD TIMOTHY E

Timothy E. Wood	10/17/2003
**Signature of Reporting Person	Date

Reporting Owner Name / Address

3838 WEST PARKWAY BLVD

SALT LAKE CITY, UT 84120

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.