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	es)																
1. Name and Address of Reporting Person *- WOOD TIMOTHY E				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 X Officer (give title below) Other (specify below) Vice President of R and D							
(Last) (First) (Middle) 3838 WEST PARKWAY BLVD				3. Date of Earliest Transaction (Month/Day/Year) 11/03/2005														
(Street) SALT LAKE CITY, UT 84120				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							
(City		(State)	(Zip)				Table I -	- Noi	n-Der	ivativ	e Securitie	es Acqu	iired,	Disposed	of, or Ben	eficially Ow	ned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Data any (Month/Day/Y		ate, i	f Code (Instr.	Transaction ode (nstr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)					6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Cod	le	V	Amou	(A) or	Price		, ,				(Instr. 4)	
Common	Stock		11/03/2005			M			2,500) A	\$ 0.83	2,50	2,500			D		
Common Stock		11/03/2005				S			2,500	D	\$ 44.23	0				D		
Common Stock		11/04/2005			М			19,00	00 A	\$ 0.83	19,0	000			D			
Common Stock		11/04/2005			S			19,00	00 D	\$ 43.96	0	0		D				
Common Stock 11/		11/07/2005			М			1,500	A	\$ 0.83	1,50	00			D			
Common Stock 11/07/2005		11/07/2005				S			1,500	D	\$ 44	0			D			
Reminder:	Report on a	separate line for eac	Table II - l	Derivativ	ve Se	ecuri	ties Acq	F C f uired	Perso conta form	ons w iined displa	in this fo ays a cur of, or Ben	rm are rently eficiall	not r valid	equired OMB co	of inform to respon	d unless t		1474 (9-02
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. N of Der Sect Acq (A) Disp (D)	fumber ivative urities juired or posed of tr. 3, 4,	Expiration Date (Month/Day/Year) Seed ed of			7. Ti Amo Unde Secu	Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		Owner Form of Deriva Securit Direct or Indi	tive Owner y: (Instr.	
				Code	V	(A)	(D)	Date Exe	e rcisab		xpiration Date	Title		Amount or Number of Shares				
Stock Options (Right to buy)	\$ 0.83	11/03/2005		М			2,500	09/	01/20	003 0	3/01/201		nmon ock	2,500	\$ 0.83	117,500) D	

Common

Stock

Stock

19,000

1,500

\$ 0.83

\$ 0.83

98,500

97,000

D

D

19,000 09/01/2003 03/01/2012

1,500 09/01/2003 03/01/2012 Common

Reporting Owners

\$ 0.83

\$ 0.83

11/04/2005

11/07/2005

Stock Options

buy) Stock Options

(Right to

(Right to

buy)

Donard - Orman Name / Addison		Relationships							
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
	WOOD TIMOTHY E								
	3838 WEST PARKWAY BLVD			Vice President of R and D					
	SALT LAKE CITY, UT 84120								

M

M

Signatures

Timothy E. Wood	11/07/2005
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, \emph{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.