FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | |
| Estimated average burden | | | | | | |
| hours 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

| | rpe Response nd Address o | | n * | 2. Issu | er Name | and Tic | ker or Tr | ading S | vmbol | | 5. 1 | Relationship | of Report | ing Person(s) | to Issuer | | |
|---|---|--|---|--|------------|----------|--|-----------------------------------|--------------------|--------------|--|--|------------------------|--|---|--------------------------|--|
| Name and Address of Reporting Person – COOPER FRED 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) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 3838 WEST PARKWAY BLVD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2003 | | | | | | | X | X Officer (give title below) Other (specify below) Vice President of Operations | | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | | |
| SALT LAKE CITY, UT 84120 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (Cit | y) | (State) | (Zip) | | | Table | I - Non-I | Derivati | ve Secui | ities A | cquired | l, Disposed | of, or Ben | eficially Owi | ied | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | 4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5) (A) or Amount (D) | | (D) 5) | E R (I | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficia Ownershi (Instr. 4) | | |
| Common | Stock | | 12/02/2003 | | | M | _ | 3,500 | - ` ´ | 1 | | 3,500 | | | D | | |
| Common | Stock | | 12/02/2003 | | | S | | 3,500 | D | \$36.7 | 607 0 | <u>^</u> | | | D | | |
| Common | Stock | | 12/03/2003 | | | M | [| 3,500 | A | \$0.83 | 3 | ,500 | | | D | | |
| Common | Stock | | 12/03/2003 | | | S | | 3,500 | D | \$36.9 | 513 0 |) | | | D | | |
| Common | Stock | | | | | | | | | | 5 | 5,962 | | | I | 401K | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | | | (Instr. 8) Security (A) Dispute of (I | | sposed | (Month/ | xpiration Date Aonth/Day/Year) | | | Underly curities str. 3 ar | ŭ | Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Security Direct (or Indir | f Beneficive Owne (Instr | |
| | | | | Code | and | 15) | Date Exercisa | | expiration Date | 1 Tit | le | Amount or Number of Shares | | | (msir. | , | |
| Stock Options (Right to buy) | \$0.83 | 12/02/2003 | | М | | 3,500 | 09/01/2 | 2003 0 | 3/01/20 | 1121 | ommor Stock | 3,500 | \$0.83 | 168,500 | D | | |
| Stock Options (Right to buy) | \$0.83 | 12/03/2003 | | М | | 3,500 | 09/01/2 | 2003 0 | 3/01/20 | 112. | mmor Stock | 3,500 | \$0.83 | 165,000 | D | | |
| Stock Options (Right to buy) | \$2.45 | | | | | | 01/11/2 | 2000 | 1/11/20 | | mmor Stock | \$20,000 | | \$20,000 | D | | |
| | ting O | | | Rela | ationship | s | | | | | | | | | | | |
| Keportin | g Owner Na | me / Address | Director 10% Own | er Office | er | | | Ot | her | | | | | | | | |
| 3838 WE | | WAY BLVD UT 84120 | | Vice | e Preside | ent of C | Operation | ns | | | | | | | | | |

Signatures

| Gilbert A. Fuller, as attorney in fact | 12/04/2003 |
|--|------------|
| **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).

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.