FORM 3

(Print or Type Responses)

WILSON MARK H

Person \*

1. Name and Address of Reporting

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

USANA HEALTH SCIENCES INC [USNA]

OMB APPROVAL
OMB 3235Number: 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

(Month/Day/Year)

3838 WEST PARKWAY B	liddle)	0/2003		4. Relationship of Rep Person(s) to Issuer		]	5. If Amendment, Date Original Filed(Month/Day/Year)	
SALT LAKE CITY, UT 84120				(Check all appl Director X_Officer (give title below) below V.P. of Customer		Owner (specify	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 - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock		428			I	401K		
not requir number.	who respond red to respon	es Beneficially Owned (e.g. xercisable and n Date 3. Title Securiti		formation plays a cu	warrants, ope of 4. Convers or Exerc Price of	tions, consider For De	nvertible : vnership rm of erivative	securities) 6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount of Number of Shares	-	Dir or (I)	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Options (Right to buy)	09/01/2003	03/01/2012	Common Stock	99,000	\$1.65		D	
Stock Options (Right to buy)	01/11/2000	01/11/2010	Common Stock	10,000	\$4.89		D	
Reporting Owner	rs							

## **Signatures**

WILSON MARK H

Reporting Owner Name / Address

3838 WEST PARKWAY BLVD

SALT LAKE CITY, UT 84120

Relationships

V.P. of Customer Relations

Officer

Other

Director 10% Owner

Signature of Reporting Person	Date

## **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.