## 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

(France or F)	pe Response	s)														
1. Name and Address of Reporting Person * Neidig Brent  (Last) (First) (Middle)  3838 WEST PARKWAY BLVD.  (Street)			2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			Date of Earliest Transaction (Month/Day/Year)     06/16/2022      4. If Amendment, Date Original Filed(Month/Day/Year)													
		CITY, UT 84												- Care reporting		
(City	<sup>'</sup> )	(State)	(Zip)	Table I - Non-Derivative Securities Ac					cquir	quired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		d Date, if	(Instr. 8)		(A) c	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		(D) Beneficia Reported		nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day/Year)		Co	de	V Amo	(A) or int (D)		rice	or (I)		\ /	Ownership (Instr. 4)	
		06/16/2022			S		1,40	0 D	\$ 70	).93	1,406		`	D		
Reminder:	Report on a s	separate line fo	r each class of secu	rities benefici	ially ov	wned d	F	Persons ontained	vho res	form	are	not requ		spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative S	ecurit	ies Acc	F c t	Persons contained he form	who res in this lisplays	form a cu Benefi	n are uurrent iicially	not requ tly valid	ired to res		ss	1474 (9-02)
1. Title of		3. Transaction	Table II -  3A. Deemed Execution Da	Derivative S (e.g., puts, ca 4. tte, if Transa Code	decuriting the section (8)	ies Aco	quirees, opti	Persons contained he form	who respond the second of the	form a cu Benefi ecurit	i are urrent ricially ties) 7. Titl Amou Under Secur	not requ tly valid y Owned le and unt of rlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natu of Indire Benefici: Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Neidig Brent 3838 WEST PARKWAY BLVD. WEST VALLEY CITY, UT 84120			CO & MAN. DIR. OF CHINA			

### **Signatures**

/s/ Joshua Foukas, Atto	orney-in-Fact	06/17/2022	
**Signature of Reporting	g 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.