Edgar Filing: USANA HEALTH SCIENCES INC - Form 4

| USANA HE Form 4 April 28, 20 | EALTH SCIENCI | ES INC | | | | | | | | |
|---|--|--|--|--|---|---|--------------------------|--|--|--------------------------|
| FORN Check th if no lon subject to Section Form 4 Form 5 obligation may con <i>See</i> Insta 1(b). | his box lger 16. or Filed pur Section 17(| MENT OI rsuant to S (a) of the I | Wa F CHAN Section 1 Public U | NGES IN SECUE | , D.C. 20 BENEF RITIES le Securi ding Cor |)549 ICIA ties E npany | LOW Exchan y Act o | COMMISSIO VNERSHIP OI ge Act of 1934, of 1935 or Secti 940 | N OMB Number: Expires: Estimated burden ho response | urs per |
| (Print or Type 1. Name and 2 COOPER H | Address of Reporting | Person [*] | | er Name and | 1 Ticker or | Tradi | ng | 5. Relationship Issuer | of Reporting Pe | rson(s) to |
| COOLEKT | KLD W | | Symbol USAN [USNA | A HEALT | TH SCIE | NCE: | S INC | | eck all applicab | le) |
| (Last) (First) (Middle) 3838 WEST PARKWAY BLVD | | | 3. Date of Earliest TransactionDirector(Month/Day/Year)XOfficer (g04/26/2006E. | | | ive title 10% Owner below) V.P. of Operations | | | | |
| SALT LAF | (Street) KE CITY, UT 841 | 20 | | endment, Da nth/Day/Yea | - | ıl | | 6. Individual or Applicable Line) _X_ Form filed by Form filed by Person | | Person |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secur | ities Ac | cquired, Disposed | of, or Beneficia | ally Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | ed Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securit nAcquired Disposed (Instr. 3, 4 | ies (A) or of (D) 4 and 5 (A) or | 5) | 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 |
| Reminder: Re | port on a separate line | e for each cl | ass of sect | urities benef | - | | - | r indirectly. oond to the colle | ection of | SEC 1474 |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amo |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Secu |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | 8) | Acquired (or Dispose (D) (Instr. 3, 4, and 5) | d of | | | | |
|---------------------------------|------------------------------------|------------|------------------|---------|----|--|------|------------------|--------------------|-----------------|----------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | An or Ni of |
| Stock Appreciation Rights | \$ 37.6 | 04/26/2006 | | А | | 30,000 | | 04/26/2007(1) | 10/23/2011 | Common Stock | 3 |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|---|----------|-----------|----------------------|-------|
| | Director | 10% Owner | Officer | Other |
| COOPER FRED W 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120 | | | E.V.P. of Operations | |
| Signatures | | | | |

| Fred W. Cooper | 04/28/2006 |
|--|------------|
| <u>**</u> 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).
- (1) Stock Appreciation Rights vest 20% annually beginning on the first anniversary of the date of grant.

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.