USANA HEALTH SCIENCES INC

Form 4

August 17, 2016

FORM 4

Check this box

if no longer

subject to

Form 5

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

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

Section 16. Form 4 or obligations

(State)

(Zin)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(City)

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person * WENTZ DAVE		2. Issuer Name and Ticker or Trading Symbol USANA HEALTH SCIENCES INC [USNA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) 3838 WEST PARKWA	(Middle) Y BLVD	3. Date of Earliest Transaction (Month/Day/Year) 08/16/2016	Director 10% Owner _X Officer (give title Other (specify below) Co-C.E.O.		
(Street)		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		
SALT LAKE CITY, UT	Γ 84120		Form filed by More than One Reporting Person		

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	omr Disposed (Instr. 3, 4 a	` '	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 Beneficial Ownership (Instr. 4)
Common Stock	08/16/2016		M	16.104	A \$ 57.62	395,619	D	
Common Stock	08/16/2016		S	10,736 I	\$ 131.053 (2)	384,883	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: USANA HEALTH SCIENCES INC - Form 4

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Securities		orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		nsactionDerivative e Securities tr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securiti
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amor or Numl of Share				
Stock Settled Stock Appreciation Rights	\$ 57.62	08/16/2016		M		28,750	08/15/2016	03/15/2018	Common Stock	28.7				

Reporting Owners

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
WENTZ DAVE							
3838 WEST PARKWAY BLVD			Co-C.E.O.				
SALT LAKE CITY, UT 84120							

Signatures

David A. Wentz 08/17/2016

**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) The shares acquired resulted from the reporting person's settlement of the stock-settled stock appreciation rights disclosed in Table II
- (2) Weighted average price \$131.0530. Price range in multiple transactions was \$131 to \$131.2850 inclusively

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.

Reporting Owners 2