USANA HEALTH SCIENCES INC

Form 4

December 08, 2006

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

OMB APPROVAL

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Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or Form 5

obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **WENTZ DAVE**

(First)

(Street)

3838 WEST PARKWAY BLVD

5. Relationship of Reporting Person(s) to Issuer

Symbol

USANA HEALTH SCIENCES INC

2. Issuer Name and Ticker or Trading

(Check all applicable)

[USNA]

(Last)

(Middle)

3. Date of Earliest Transaction

4. If Amendment, Date Original

Director 10% Owner X_ Officer (give title

(Month/Day/Year)

12/06/2006

Other (specify below)

6. Individual or Joint/Group Filing(Check

President

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

below)

SALT LAKE CITY, UT 84120

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial

Ownership (I) (Instr. 4) (Instr. 4)

(A)

(Instr. 8)

Following Reported Transaction(s)

Owned

(Instr. 3 and 4) Code V Amount (D) Price

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

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

1. Title of 3. Transaction Date 3A. Deemed 4. 5.

Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise any

TransactionNumber Code of

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. **Underlying Securities** (Instr. 3 and 4)

D

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Call Option (Obligation to Sell)	\$ 74.9715	12/06/2006		S <u>(1)</u>		1	03/01/2010	03/01/2010	Common Stock	50,000
Put Option (Right to Sell)	\$ 39.72	12/06/2006		P(1)		1	03/01/2010	03/01/2010	Common Stock	50,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MENTO DAME								

WENTZ DAVE 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120

President

Signatures

David A. Wentz 12/08/2006

**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).
- The reporting person entered into a "zero-premium collar" arrangement pursuant to which he wrote a covered call option and purchased a (1) put option. Only one of the options can be in the money on the expiration date at which time the in-the-money option will be exercised (and settled for cash) and the other option will expire. If neither option is in the money on the expiration date, both options will expire.
- (2) Includes one (1) zero premium collar derivative security which is the subject of this report, and two (2) variable prepaid forward contracts previously reported.

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.

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