

USANA HEALTH SCIENCES INC  
 Form 4  
 May 11, 2015

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Macuga Daniel A.

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) (Middle)  
 3838 WEST PARKWAY BLVD.  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 05/07/2015

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 Chief Communications Officer

SALT LAKE CITY, UT 84120

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**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. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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 Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
|                                 |                                      |  | Code                           | V Amount or (D) Price   |   |  |   |
| Common Stock                    | 05/07/2015                           |  | M                              | 2,511 <sup>(1)</sup> A \$ 35.47                                   | 2,511   | D  |   |
| Common Stock                    | 05/07/2015                           |  | S                              | 2,511 D \$ 127.2732 <sup>(2)</sup>                                | 0   | D  |   |
| Common Stock                    | 05/08/2015                           |  | M                              | 219 <sup>(1)</sup> A \$ 35.47                                     | 219   | D  |   |
| Common Stock                    | 05/08/2015                           |  | S                              | 219 D \$ 125  | 0   | D  |   |
| Common Stock                    | 05/11/2015                           |  | M                              | 1,501 <sup>(1)</sup> A \$ 35.47                                   | 1,501   | D  |   |

Edgar Filing: USANA HEALTH SCIENCES INC - Form 4

Common Stock 05/11/2015 S 1,501 D \$ 123 0 D

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

**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.**

SEC 1474  
(9-02)

**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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Amount or Number of Shares |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|----------------------------|
| Stock-Settled Stock Appreciation Rights    | \$ 35.47   | 05/07/2015                           |  | M                              | 3,484   | 04/27/2014 10/27/2015                                    | Common Stock  | 3,484                      |
| Stock-Settled Stock Appreciation Rights    | \$ 35.47   | 05/08/2015                           |  | M                              | 306   | 04/27/2014 10/27/2015                                    | Common Stock  | 306                        |
| Stock-Settled Stock Appreciation Rights    | \$ 35.47   | 05/11/2015                           |  | M                              | 2,110   | 04/27/2014 10/27/2015                                    | Common Stock  | 2,110                      |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                              |       |
|---|---------------|-----------|------------------------------|-------|
|   | Director      | 10% Owner | Officer                      | Other |
| Macuga Daniel A.<br>3838 WEST PARKWAY BLVD.<br>SALT LAKE CITY, UT 84120 |               |           | Chief Communications Officer |       |

## Signatures

James Bramble, as attorney  
in fact.

05/11/2015

\_\_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. Price range in multiple transactions was \$125.00 to \$130.25, inclusive.

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.