## Edgar Filing: FULLER GILBERT A - Form 4

FULLER GI	LBERT A										
Form 4											
August 17, 2	009										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	• • UNITE	D STATES					NGE C	OMMISSION	OMB	3235-0287	
Check thi	is box		Washin	igton, I	<b>J.C.</b> 20	549			Number:	January 31,	
if no longer				S IN B	ENEEI	CIA		NEDSHID OF	Expires:	2005	
subject to	)			GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average		
Section 1 Form 4 or		SECURITIES							burden hours per response 0.5		
Form 5		oursuant to	Section 16(a)	of the	Securit	ies E	xchange	e Act of 1934,	response	0.0	
obligation	ns Section 1						•	1935 or Section	1		
may cont See Instru	inue.		) of the Invest		•						
1(b).											
(Print or Type R	Responses)										
1 Name and A	ddress of Reporti	ng Person *			<b></b>	т I <sup>.</sup>		5 Relationship of	Reporting Pers	on(s) to	
FULLER GILBERT A Symbol				er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
				SANA HEALTH SCIENCES INC							
			[USNA]					(Check all applicable)			
(Last)	(First)	(Middle)		light Troe	nantion			X Director	10%	Owner	
(Month				Date of Earliest Transaction /onth/Day/Year)			Officer (give		er (specify		
			08/14/2009					below) below) CFO and Executive V.P.			
					<u> </u>						
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Month/Da	(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
SALT LAK	E CITY, UT 8	4120						Form filed by M			
								Person			
(City)	(State)	(Zip)	Table I -	Non-De	rivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee			4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye							Form: Direct			
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)				5)	Beneficially Owned		Beneficial Ownership	
		(	,					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Comment			Со	de V	Amount	(D)	Price	( (( ) ) ) )			
Common	08/14/2009		S	5 .	3,000	D	\$	3,000	D		
Stock							33.42				

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.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
r o o transmissione	Director	10% Owner	Officer	Other				
FULLER GILBERT A 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120	Х		CFO and Executive V.P.					
Signatures								
James Bramble, as attorney in fact	08/	17/2009						
<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).

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.