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Form 4 November 01										
FORM	Л								OMB AF	PROVAL
	4 UNITED S	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this				·····B····,	2000200				Expires:	January 31,
if no long subject to Section 16 Form 4 or Form 5 obligation	6. Filed pure	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							Estimated average burden hours per response 0.5	
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·			I	
(Print or Type R	(esponses)									
1. Name and A WILSON M	ddress of Reporting I ARK H	Person <u>*</u>	Symbol	r Name and			0	5. Relationship of Issuer	Reporting Pers	son(s) to
		USANA HEALTH SCIENCES INC [USNA]					(Check all applicable)			
(Month.				Date of Earliest Transaction Ionth/Day/Year))/28/2010				Director 10% Owner X_ Officer (give title Other (specify below) E.V.P. of Sales		
	(Street)		4. If Ame	endment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check
SALT LAKI	E CITY, UT 8412	20	Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by O Form filed by M Person		
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ties Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	ed 3. 4. Securities Acquired Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	10/28/2010			Code V M	Amount 24,862 (1)	(D) A	Price \$ 26.06	(Instr. 3 and 4) 29,862	D	
Common Stock	10/28/2010			S	24,862	D	\$ 44.79 (2)	5,000	D	
Common Stock	10/28/2010			М	1,159 (1)	А	\$ 40.59	6,159	D	
Common Stock	10/28/2010			S	1,159	D	\$ 44.79 (2)	5,000	D	
	10/28/2010			М		А	\$ 37.6	8,721	D	

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Common Stock			3,721 (1)				
Common Stock	10/28/2010	S	3,721	D	\$ 44.79 (2)	5,000	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.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Appreciation Rights	\$ 37.6	10/28/2010		М	24,000	04/26/2007	10/24/2011	Common Stock	24,0
Stock-Settled Stock Appreciation Rights	\$ 40.59	10/28/2010		М	13,200	04/19/2008	10/19/2012	Common Stock	13,2
Stock-Settled Stock Appreciation Rights	\$ 26.06	10/28/2010		М	60,000	07/21/2009	01/21/2014	Common Stock	60,0

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WILSON MARK H 3838 WEST PARKWAY BLVD SALT LAKE CITY, UT 84120			E.V.P. of Sales					

Signatures

James Bramble, as attorney 11/01/2010 in fact

<u>**Signature of Reporting Person</u>

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).

Date

- (1) The shares acquired resulted from the reporting person's settlement of the stock-settled stock appreciation rights desclosed in Table II.
- (2) Weighted Average Price. Price Range was \$44.55 to \$44.98.

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.