FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287

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 or Section 30(h) of the Investment Company Act of 1940

(1 IIII OI I J	pe Response	3)													
1. Name and Address of Reporting Person * HUFF CRAIG D			1	2. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Executive Vice President, CFO					
	TURE'S SI	(First) UNSHINE PRO ., P. O. BOX 19	DUCTS,	3. Date of 3 03/17/20		Fransact	tion (Mor	th/Day/Yo	ear)			Executive	vice Preside	it, CFO	
(Street)			2	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 _Form filed by More than One Reporting Person					
PROVO,	UT 84605	(State)	(Zip)				N D	6	•,,	<u>_</u>	1.00	1.6 D	e . u o		
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1.Title of Security (Instr. 3)			Date (Month/Day/Year)	2A. Deemed Execution Date, i		Code (Instr.			isposed	d of (D) E	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		lowing	Ownership	7. Nature of Indirect Beneficial
				(Month/Day/Year		Cod	le V	Amount (A)		or	(Instr. 3 and 4)		(Ownership Instr. 4)
Common	Stock									1	1,000		I)	
Common	Stock									1	10,666		I		See note
Reminder:	Report on a s	separate line for eac	h class of securities	s beneficia	lly owne	d direct	Perso	ons who nined in t	his fo	orm are n	ot require	on of inform d to respo	nd unless tl		1474 (9-02)
1. Title of	2.	3. Transaction	Table II - I	Derivative e.g., puts,	Securit calls, wa	es Acqu	Persoconta form uired, Disoptions, 6. Date 1	ons who hined in the displays sposed of, convertibe	or Be	eneficially of urities) 7. Title and	oot require alid OMB o Owned	d to respondent of the second	ond unless the mber. 9. Number of	10.	11. Natu
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - I (a 3A. Deemed Execution Date, is	Derivative e.g., puts, 4. f Transac Code	Securit calls, was 5. Nu of Securit (A. District of (In the case of the case o	mber rivative rurities quired or posed D) str. 3, and 5)	Persuconta form uired, Disoptions, 6. Date I and Exp (Month/	ons who nined in to displays of convertibe Exercisabli iration Da	this for a cur or Be ble secure te	eneficially urities) 7. Title and of Underly Securities	oot require alid OMB o Owned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indired Beneficia Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HUFF CRAIG D C/O NATURE'S SUNSHINE PRODUCTS, INC. 75 E. 1700 S., P. O. BOX 19005 PROVO, UT 84605-9005			Executive Vice President, CFO			

Signatures

Brent Christensen, Attorney-in-fact	03/17/2004	

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) These shares are indirectly owned by Reporting Persons' 401(k) Plan.
- (2) Options to purchase 93,010 shares of Common Stock are held directly by Reporting Person. Options have been granted at various grant dates, vesting dates, expiration dates and prices, all of which have been 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.