

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response	e 0.5			

INITIAL STATEMENT OF 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

(Print or Type Responses)							
1. Name and Address of Reporting Person* CRISTIANI FRANZ L	2. Date of Event Requiring Statement (Month/Day/Year) ——05/28/2004		3. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]				
(Last) (First) (Middle 75 EAST 1700 SOUTH	03/28/2004	05/28/2004		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) PROVO, UT 84606						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
(City) (State) (Zip)			I N D i d			led by More than One Reporting Person	
(State) (Zip)		Table	I - Non-Derivati	ive Securities	Beneficially O	wned	
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities beneficially owned 0		0		D			
unless the form	lass of securities benefic spond to the collection displays a currently vative Securities Benefic	on of informati valid OMB cor	ion contained in t ntrol number.				
(Instr. 4) and Expiration Date (Month/Day/Year) Section Sectio		3. Title and Securities U Security (Instr. 4)	Amount of Inderlying Derivative	Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expira Exercisable Date	Title Amou	unt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners							

cepor ung Owners

Depositing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CRISTIANI FRANZ L 75 EAST 1700 SOUTH PROVO, UT 84606	X				

Signatures

/s/ Franz L. Cristiani	06/02/2004
**Signature of Reporting Person	Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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.