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

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

(Print or Type Responses)										
1. Name and Address of Reporting Persor FRANCIS PAULINE HUGHES	2. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 			
(Last) (First) C/O NATURE'S SUNSHINE PRO INC., 75 EAST 1700 SOUTH	3. Date of Earliest T 11/08/2004	ransaction (Mont	h/Day/Ye	ar)					
(Street) PROVO, UT 84606	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			
(City) (State)	(Zip)		Table I - N	lon-D	erivative	Securit	ies Acqui	red, Disposed of, or Beneficially Own	ned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transact Code (Instr. 8)	(A) or l		rities Acquired Disposed of (D) 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	11/08/2004		М		6,300	А	\$ 8.4848	6,300	D (1)	
Common Stock	11/08/2004		S		5,700	D	\$ 15.70	600	D	
Common Stock	11/08/2004		S		100	D	\$ 15.73	500	D	
Common Stock	11/08/2004		S		500	D	\$ 15.74	0	D	
Common Stock	11/09/2004		М		17,900	А	\$ 8.4848	17,900	D	
Common Stock	11/09/2004		S		17,900	D	\$ 15.70	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 SEC 1474 (9-02) 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)																		
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)	of Derivative		Expiration Date (Month/Day/Year)		Expiration Date (Month/Day/Year)		Expiration Date (Month/Day/Year)		7. Title and of Underlyin Securities (Instr. 3 and	ıg	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)					
Option - Right to buy	\$ 8.4848	11/08/2004		М			6,300	12/16/1996	12/16/2004	Common Stock	600	\$ 0	17,900	D					
Option - Right to buy	\$ 8.4848	11/09/2004		М			17,900	12/16/1996	12/16/2004	Common Stock	17,900	\$ 0	0	D					

Reporting Owners

		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other

FRANCIS PAULINE HUGHES C/O NATURE'S SUNSHINE PRODUCTS, INC. 75 EAST 1700 SOUTH PROVO, UT 84606	Х	Х			
---	---	---	--	--	--

Signatures

/s/ Pauline Hughes Francis	11/10/2004
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) The reporting person is also the indirect beneficial owner of 1,134,559 shares owned by a family trust of which the reporting person is trustee and a beneficiary, 18,860 shares owned by an annuity trust of which the reporting person is a general partner.

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.