

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

| OMB APPROVAL             |           |  |  |  |
|--------------------------|-----------|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |
| Estimated average burden |           |  |  |  |
| nours per respons        | se 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 * Genender Mark R   | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>04/22/2011                                |  |                      | 3. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR] |  |   |   |  |
| (Last) (First) (Middle)<br>75 EAST 1700 SOUTH   |   |  |                      | Issuer   |  |   | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |
| (Street) PROVO, UT 84606  |   |  |                      | (Check all applicable)  _X_Director  |  | Applicable 1  X_ Form f                                   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |
| (City) (State) (Zip)  |   | Table I - Non-Derivative Securities Beneficially Owned |                      |  |  |   |   |  |
| 1.Title of Security<br>(Instr. 4)   | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4)   |  | ed                   |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5)  |   |   |  |
| No securities are beneficially owned 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 in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |                      |  |  |   |   |  |
| (Instr. 4)  | 2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title and Securities Security (Instr. 4) |  | urities Und<br>urity | mount of<br>derlying Derivativ   | 4. Conversion<br>or Exercise<br>Price of<br>Derivative | 5. Ownership<br>Form of<br>Derivative<br>Security: Direct | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5)   |  |
| _   | eate Expira<br>xercisable Date  | Title  | Amount               | t or Number of   | Security   | (D) or Indirect<br>(I)<br>(Instr. 5)                      |   |  |
| Reporting Owners  |   |  |                      |  |  |   |   |  |

| Depositing Owner Name /        | Relationships |              |         |       |  |
|--------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer | Other |  |
| Genender Mark R                |               |              |         |       |  |
| 75 EAST 1700 SOUTH             | X             |              |         |       |  |
| PROVO, UT 84606                |               |              |         |       |  |

# **Signatures**

| /s/ Jamon Jarvis as attorney-in-fact for Mark R. Genender | 05/02/2011 |
|---|------------|
| **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).

### Remarks:

**Exhibit List** 

Exhibit 24 - Power of Attorney

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.

#### POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Jamon Jarvis, Steve Bunker, and each of them, with full authority to act without the others, as the unders (1) execute for and on behalf of the undersigned, in the undersigned's capacity as a reporting person pursuant to Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act" (2) prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the U.S. Securities and Exchange Commission (the "SEC") a Form ID, including amendments thereto, and (3) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID and Form 3, 4 or 5 and file such form with th (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of any of such attorneys-in-fact, may be of benefit to, in the best interest of, or legally The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exe This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 28 th day of April, 2011.

Signature: /s/ Mark R. Genender
Print Name: Mark R. Genender

State of California ) ss.
County of Los AngeleS )

On 4/28/11, before me, Robin Ward, Notary Republic, personally appeared Mark R. Genender, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within WITNESS my hand and official seal.

/s/ Robin Ward Notary Public in and for said State (Notarial Seal)