# 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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * HUGHES EUGENE L				2. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)				<i>y</i> )			
(Last) (First) (Middle) 75 EAST 1700 SOUTH,					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2012													
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person					ine)		
	, UT 84064												_1_1 0	ed by more than	One responding	5 1 615011		
(City	<sup>'</sup> )	(State)	(Zip)			Ta	able I	- Non	-Der	rivative	Securiti	es Acqu	ired, Disp	osed of, or I	Beneficially	Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		tion	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownersl Form: Direct (I	nip of l Be	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Tear)			ode	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		` /		str. 4)		
Common	Stock		09/14/2012				;	S		22,000	D	\$ 15.58	900,664	00,664		I	Tr	rusts
Common	Stock		09/14/2012				;	S		8,000	D	\$ 15.58	16,335			D		
Common Stock												87,072			I	40 (1)	1(k)	
Common	Stock												61,330			I	Sp (2)	oouse
Reminder:	Report on a s	separate line f	or each class of secu	rities b	eneficial	lly o	wned											
									cont	tained i	n this f	orm are	e not requ	ction of inf uired to res OMB cont	spond unle	ess	EC 147	74 (9-02)
			Table II -							isposed , conver								
1. Title of	2.	3. Transactio			4.		5.	, ор		ate Exer			itle and	8. Price of	9. Number	of 10.		11. Natur
Derivative Security	Conversion or Exercise	Date (Month/Day/	(Year) Execution Da		Transact Code	tion	Numl of	ber		Expirationth/Day			ount of lerlying	Derivative Security	Derivative Securities	Own Form		of Indirection Beneficia
-	Price of Derivative Security	(Monuli Day)	(Month/Day/				Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	rities ired r osed )	(IVIO	ши/ Бау	(Tear)	Sec	urities tr. 3 and	(Instr. 5) B C F R T	Beneficiall Owned Following Reported Transaction (Instr. 4)	y Deriv Secu Director In	vative rity: ct (D) direct	Ownersh (Instr. 4)
					Code	V	(A)	(D)	Date	e rcisable	Expirati Date	Title	Amount or Number of Shares					

## **Reporting Owners**

B # 0 Y /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HUGHES EUGENE L 75 EAST 1700 SOUTH PROVO, UT 84064	X						

HUGHES KRISTINE F 75 EAST 1700 SOUTH PROVO, UT 84606	X			
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### **Signatures**

/s/ Jamon Jarvis as Attorney-In-Fact for Eugene L. Hughes	09/18/2012
**Signature of Reporting Person	Date
/s/ Jamon Jarvis as Attorney-In-Fact for Kristine F. Hughes	09/18/2012
**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) Represents shares allocated to Mr. Hughes' 401(k) plan account, which is indirectly beneficially owned by Eugene L. Hughes and his spouse, Kristine F. Hughes.
- (2) Represents shares which are directly beneficially owned by Kristine F. Hughes and indirectly beneficially owned by Mrs. Hughes' spouse, Eugene L. Hughes.

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.