FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * DELTA PARTNERS LLC				2. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]						NC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) ONE INTERNATIONAL PLACE, SUITE 2401				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2011						·)							
(Street) BOSTON, MA 02110				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						
(City) (State) (Zip)				p)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/		y/Year) Ex	xecutiony		f Co (In	Code (Instr. 8)		on 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		Benefic Reporte	Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	Beneficial			
					Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	(Instr. 3	s and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Natures S Inc	Sunshine P	roducts	06/14/201	11				S		14,246	D	\$ 15.005	1,626,	102		I (1)	See Footnote (1)
Natures Sunshine Products Inc		06/15/201	11				S		68	D	\$ 15	1,626,	,626,034		I (1)	See Footnote (1)	
Reminder:	Report on a s	separate line	for each class	able II - D	D erivat	ive Secu	rities	Acqı	Pe cc th	ersons whentained in the form dinger Disposed	ho res in this splay	form a s a curr Benefici	re not req ently valid ally Owned	ection of int uired to res d OMB con	spond unle	ess	1474 (9-02)
1 75'41 . 6	2	2 75 /	· la.		<u> </u>		_	ants,		ns, conver				0 D : C	0.31 1	C 10	11 37 /
Security	2. Conversion or Exercise Price of Derivative Security	3. Transact Date (Month/Da	y/Year) Exec	Deemed cution Dat	Ć	ransacti	of De Se Ac (A Di of (Ir		ve es d d	and Expiration Date (Month/Day/Year) Am Universe Sec		Title and nount of derlying curities str. 3 and	nnt of rlying ities . 3 and Derivative Security (Instr. 5) Beneficiall Owned Following Reported Transactio (Instr. 4)		Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	
						Code	V (A	(A)	Е	ate xercisable	Expir Date	ation Ti	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DELTA PARTNERS LLC ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110		X				

JOBSON CHARLES E ONE INTERNATIONAL PLACE	v		
SUITE 2401 BOSTON, MA 02110			

Signatures

Charles Jobson	06/16/2011
***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).
- Reporting person, Delta Partners, LLC, is the investment manager for three private investment funds and is deemed to have beneficial ownership. The three entities are the actual owners of the issuer. Charles Jobson is the sole managing member of Delta Partners, LLC and can be deemed to have investment discretion. Both reporting persons disclaim beneficial ownership of the shares reported herein except to the extent of their pecuniary interest. This transaction was executed in the normal course of business. Share price is the average price for the day.

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.