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]							5	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) 06/30/2011															
(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	(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficial								Beneficially	Owned				
1.Title of Security (Instr. 3)		2. Transac Date (Month/Da	n/Day/Year) Ex			if	(Instr. 8)		ion 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			d (A)	A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership o Form:	Beneficial		
					(Month/Day/Year)		ar)	Cod	le	V	Amount	(A) or (D)	Pri	ice	(Instr. 3	anu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Natures S Inc	Natures Sunshine Products Inc 06/30/2011		011				S			5,161	D	\$ 19.2	2952	1,580,312		I (1)	Footnote (1)		
Natures S Inc	Sunshine P	roducts	07/01/20	011				S			750	D	\$ 19.7	7187	1,579,5	562		I (1)	Footnote (1)
Reminder:	Report on a s	separate line	for each cla	ass of secur	rities b	eneficiall	ly ov	wned o		Per cor	rsons wh ntained i	no res	form	are	not requ		ormation spond unleaded	ss	1474 (9-02)
			ŗ	Table II - 1							Disposed is, conver				y Owned				
Derivative Conversion		3. Transact Date (Month/Da	y/Year) Exc any	3A. Deemed Execution Dat		4. Transacti Code	ion	5. Number		6. I and (M	6. Date Exercisable and Expiration Date (Month/Day/Year) Graph 1		7. Tit Amor Unde Secur	cle and unt of orlying rities - 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Benefic Owners (Instr. 4 D) ect	
						Code	V	(A)	(D)	Da Ex	te ercisable	Expira Date	ation	Title	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 SUITE 2401 BOSTON, MA 02110		X				

Signatures

Charles Jobson	07/05/2011
**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.