FORM 4

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

OMB APPROVAL
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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

| Name and Address of Reporting Person * HUGHES KRISTINE F | | | | 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 | | | | | |
|--|---|--|--|--|--|------------|---|--------------------------------|--|---|--|---|---|---|------------------------------------|
| (C/O NATURE'S SUNSHINE PRODUCTS, INC., 2901 WEST BLUEGRASS BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2019 | | | | | | | | | | | |
| (Street) LEHI, UT 84043 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City | <i>i</i>) | (State) | (Zip) | | Tab | ole I - No | n-Der | ivative S | ecuritie | s Acqu | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Datany | | (Instr. 8) | | on 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | unt of Securities ially Owned Following d Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | | Code | V | Amoun | (A) or (D) | Price | (Instr. 3 a | r. 3 and 4) | | ` / | Ownership (Instr. 4) |
| Commor | n Shares | | 11/11/2019 | | | S | | 5,290 | D | \$ 9.21 | 74,062 | | | I | 401(k) |
| Common Shares | | | | | | | | | | | 41,309 | | | D | |
| Commor | n Shares | | | | | | | | | | 526,275 | | | I | Trust |
| Keminder: | Report on a s | separate line fo | | Derivative Secues. | ıritie | es Acquir | Pers cont the f | ons wh ained in orm dis | o responding this for this for the second of | orm are curre | e not requently valid | ction of int uired to res OMB con | spond unle | ess | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | on 3A. Deemed Execution Da any | 4. Transacti Code Year) (Instr. 8) | 5 on N o E S A ((A E o o ((1 4 4) | Number | 6. D and (Mo | ate Exerc Expirationth/Day/ | cisable on Date | 7. T Am Und Sec (Ins 4) | Amount or Number of Shares | Derivative Security (Instr. 5) | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owners Form o Derivat Securit Direct (or India | Beneficia Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| HUGHES KRISTINE F C/O NATURE'S SUNSHINE PRODUCTS, INC. 2901 WEST BLUEGRASS BLVD. LEHI, UT 84043 | X | | | | |

Signatures

| /s/ Nathan G. Brower as attorney-in-fact for Kristine F. Hughe | s |
|--|---|
|--|---|

12/09/2019

| | 1 | | |
|---------------------------------|---|------|--|
| **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 a 401(k) plan account of Mr. Eugene Hughes, the reporting person's spouse, which are indirectly beneficially owned by the reporting person.

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.