## 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* PROBERT GREGORY				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 _X_ Officer (give title below)						
(Last) (First) (Middle) C/O NATURES SUNSHINE PRODUCTS, 2500 W. EXECUTIVE PARKWAY, #100				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2018							CEO &	Chairman o	the Board			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Execution Date, if C		3. Transa Code (Instr. 8)	action 4. Sec (A) o		curities Acquired Disposed of (D. 3, 4 and 5)  (A) or unt (D) Price		5. Amount of Securities		6.		et 1	
Common Stock		01/03/2018			F		2,993 (1)		\$ 11.65	212,450	)		D			
Common Stock		01/04/2018			F		2,692 (2)		\$ 11.55	209,758	3		D			
Reminder:	Report on a s	separate line fo		Deriv	rative Securit	ies Acquir	Persont cont the f	sons whatained if form dis	no respo n this fo splays a of, or Be	orm are a curre eneficial	not requesting ntly valid	ction of inf uired to res OMB con	spond unle	ess	C 1474 (9-02	] 2)
1 77'41 6	10	2.77:		( <i>e.g.</i> , p	puts, calls, w						· 1	0 D : C	0.31 1	C 10	11 27	_
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date (Month/Day/Year)	3A. Deemed Execution Date, any (Month/Day/Yea	ĺ	Code	Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ship of India Benefic Owners (Instr. 4	Beneficial Ownershij (Instr. 4)
					Code V	(A) (D)	Date		Expiration Date	on Title	Amount or Number of Shares					

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PROBERT GREGORY C/O NATURES SUNSHINE PRODUCTS 2500 W. EXECUTIVE PARKWAY, #100 LEHI, UT 84043	X		CEO & Chairman of the Board			

### **Signatures**

Joseph W. Baty at attorney-in-fact for Gregory Probert	01/05/2018	
**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 of NATR common stock withheld to pay taxes upon vesting of restricted stock units originally granted to the Reporting Person on January 3, 2017. The number of shares withheld was determined on January 3, 2018, based on the closing price of NATR common stock on that date.
- (2) Represents shares of NATR common stock withheld to pay taxes upon vesting of restricted stock units originally granted to the Reporting Person on January 4, 2016. The number of shares withheld was determined on January 4, 2018, based on the closing price of NATR common stock on that date.

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.