# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
nours per response	e 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														
1. Name and Address of Reporting Person * Straus Robert D			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_ DirectorOfficer (give title below)Other (specify below)									
(Last) (First) (Middle) C/O NATURE'S SUNSHINE PRODUCTS, INC., 2901 WEST BLUEGRASS BLVD., #100			3. Date of Earliest Transaction (Month/Day/Year) 04/12/2021  4. If Amendment, Date Original Filed(Month/Day/Year)															
(Street) LEHI, UT 84043									6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm 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 Execution Date, if any		Code (Instr. 8)		4. Securities Acqu (A) or Disposed or			Beneficia Reported	ally Owned Following Transaction(s)		Ownership Form:	Beneficial				
				(Month/I	Day/Yea		ode	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common	Shares		04/12/2021			4	A		972 (1	) A	\$ 0	19,666	,666		D			
Common	Common Shares 04/12/2021					A		388 (2	8 (2) A \$ 0		20,054			D				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	r each class of secur					Perso conta the fo	ons wh ained ir orm dis	o respon this for plays a c	m are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)		
	1	1	(	e.g., puts,		arrant		tions,	convert	ible secur	ities)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ve (Month/Day/Y	Execution Dat	Coc	le	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)  Am Universe Section 1		Ame Und Secu (Ins	itle and ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	(Instr. 4)			
										Date		Expiration		Amount or Number				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Straus Robert D C/O NATURE'S SUNSHINE PRODUCTS, INC. 2901 WEST BLUEGRASS BLVD., #100 LEHI, UT 84043	X					

## **Signatures**

/s/ Joseph W. Baty as Attorney in Fact for Robert D. Straus	04/14/2021
**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).
- The reporting person was previously granted, and reported certain RSU awards. The number of shares underlying such awards were adjusted pursuant to the terms of the (1) original grant as a result of a special cash dividend paid by the Company on April 12, 2021. Incremental shares granted pursuant to such adjustments are reported in the aggregate with 281 shares relating to a May 3, 2018 grant; 271 shares relating to a May 8, 2019 grant; and 420 shares relating to a May 6, 2020 grant.
- (2) The reporting person was previously granted, and reported certain option awards. As a result of a special cash dividend paid by the Company on April 12, 2021, the reporting person was granted incremental shares as an adjustment to the vested option award.

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.