FORM 4	4
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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).

(Print or Type Responses)

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

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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 Type Responses) 1. Name and Address of Reporti HUGHES EUGENE L	2. Issuer Name and Ticker or Trading Symbol NATURES SUNSHINE PRODUCTS INC [NATR]						5. Relationship of Reporting Perse (Check all appli _X_Director Officer (give title below)			
(Last) (First) NATURES SUNSHINE P EAST 1700 SOUTH	3. Date of Earliest Transaction (Month/Day/Year) 09/14/2009									
(Street) PROVO, UT 84606	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)	Tal	ble I - Non	-Der	ivative Se	ecuritie	s Acqu	ired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)			xecution Date, if Code y (Instr. 8)				of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial
			Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	× /	Ownership (Instr. 4)
Common Stock	09/14/2009		S		3,000	D	\$ 5.35	1,088,664 (1)	Ι	By Trusts (1)
Common Stock								16,335	Ι	By Spouse (2)
Common Stock								92,073	I	By 401(k) (<u>3</u>)
Common Stock								61,330	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Persons who respond to the collection of information

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Num	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	vative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							1	or Indirect	
						Dispo							Transaction(s)		
						of (D	/						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	d 5)								
											Amount				
								Data	Emination		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

		Relationsl	hips	
	Director	10% Owner	Officer	Other
Reporting Owner Name / Address				

HUGHES EUGENE L NATURES SUNSHINE PRODUCTS 75 EAST 1700 SOUTH PROVO, UT 84606	Х	Х	
HUGHES KRISTINE F NATURES SUNSHINE PRODUCTS 75 EAST 1700 SOUTH PROVO, UT 84606	Х	Х	

Signatures

Eugene L. Hughes	09/15/2009
**Signature of Reporting Person	Date
Kristine Hughes	09/15/2009
**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 owned by two family trusts of which reporting persons are co-trustees and beneficiaries.
- (2) Represents shares which are directly beneficially owned by Eugene L. Hughes and indirectly beneficially owned by Mr. Hughes' spouse, Kristine F. Hughes.
- (3) Represents shares allocated to Mr. Hughes' 401(k) plan account, which is indirectly beneficially owned by Eugene L. Hughes and his spouse, Kristine F. Hughes.

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.