

NATURES SUNSHINE PRODUCTS INC
 Form 3
 April 07, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â DELTA PARTNERS LLC		(Month/Day/Year)	NATURES SUNSHINE PRODUCTS INC [NATR]	
(Last)	(First)	(Middle)	04/06/2006	
ONE INTERNATIONAL PLACE,Â SUITE 2401			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
BOSTON,Â MAÂ 02110			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
(City)			(State)	(Zip)
			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> Form filed by One Reporting Person	
			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Nature's Sunshine Products, Inc.	1,560,200	I ⁽¹⁾	See Footnote ⁽¹⁾

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DELTA PARTNERS LLC ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	Â	Â X	Â	Â
JOBSON CHARLES E ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	Â	Â X	Â	Â

Signatures

Charles Jobson 04/06/2006
 __Signature of Date
 Reporting Person

Charles Jobson 04/06/2006
 __Signature of Date
 Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 one separately managed account and is deemed to have investment discretion over 1,555,200 shares of the issuer. The four entities are the actual owners of the shares.

- (1) Charles Jobson is the sole managing member of Delta Partners and can also be deemed to have investment discretion. Mr. Jobson is also a managing member of Tetra Capital Management, LLC, an affiliate of Delta Partners, LLC, and is deemed to have investment discretion over an additional 5,000 shares of the issuer. Tetra Capital Management is the investment manager for two private investment funds. The two entities are the actual owners of the 5,000 shares. Both reporting persons disclaim beneficial ownership in the shares reported herein except to the extent of their pecuniary interest.

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.