FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* DAVIS JOE E | | | | | NA | 2. Issuer Name and Ticker or Trading Symbol NATURAL ALTERNATIVES INTERNATIONAL INC [NAII] | | | | | | | | | k all app Direc | tionship of Reporting P all applicable) Director Officer (give title below) | | 10% O | wner | |
|--|---|-------|-----------------------------|--|---------|--|--------|---|--------|----------------|---|--|--------|--|--|---|---|-------------------|----------|--|
| (Last) (First) (Middle) 1535 FARADAY AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2020 | | | | | | | | | | | | Other (below) | specify | |
| (Street) CARLSE (City) | | | 2008 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | oal or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution y/Year) if any | | | ution Date, 7 | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | 4 and Securiti | | ties Fo cially (D) Following (I) | | n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa (Instr. 3 | ction(s) | | | (1130.4) | |
| Common Stock 08 | | | 08/13/2 | /2020 | | | | A | | 10,000 | A | A (| \$7.07 | 105,296 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | /e Conversion Date Execution Date, or Exercise (Month/Day/Year) | | | sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of Title Share: | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

/s/ Joe E. Davis By Kenneth E. Wolf Attorney in Fact

08/17/2020

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.