FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

| Filed pursuant to \$ | Section 16(a) of the S | Securities Exchange A | Act of 1934 |
|----------------------|------------------------|-----------------------|-------------|
| or Section | 30(h) of the Investme | ent Company Act of 1 | .940 |

| 1. Name and Address of Reporting Person* LANE ALAN J | | | | | 2. Issuer Name and Ticker or Trading Symbol NATURAL ALTERNATIVES INTERNATIONAL INC [NAII] | | | | | | | | | | all app Direc | o of Reportin licable) tor er (give title | 10 | % Owr | | |
|---|---|----|--|---------|---|---|--|--------------------------------------|------------------|---|---------------------|-------------|------------------------|-------------------------------|---|---|--|---|-------------|---|
| (Last) 1535 FAI | (F RADAY A | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019 | | | | | | | | | belov | | | low) | Decily | |
| (Street) | | | 92008 | | 4. If | Ame | endment, | , Date o | of Original | Filed | l (Month/Da | ay/Yea | r) | | Indivi ne) X | Form | r Joint/Group I filed by One I filed by Mor Ion | e Reporting I | Person | 1 |
| (City) | (S | | Zip) e I - No | n-Deriv | ative | Se | curitie | s Acc | guired. | Dis | posed o | f. or | Bene | eficia | ally C |) Wne | <u></u> | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ır) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se | | unt of ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (| A) or D) | Price | . - | Reported Transaction(s) (Instr. 3 and 4) | | | | (1113411 4) | |
| Common Stock | | | | 03/15 | 5/2019 | | | | A ⁽¹⁾ | | 10,000 | (2) A | | \$(| \$0 58,32 | | 8,328 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | n Date, | | sansaction of de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | nip o B O) O ct (I | 1. Nature of Indirect Beneficial Dwnership Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of Sha | nber | | | | | | |

Explanation of Responses:

- 1. This transaction represents a grant of restricted stock pursuant to the Issuer's 2009 Omnibus Incentive Plan.
- 2. One third (3,334 shares) of the restricted stock vests on March 7, 2020; one third (3,333 shares) of the restricted stock vests on March 7, 2021, and the final third (3,333 shares) of the restricted stock vests on March 7, 2022.

/s/ Alan J. Lane By Kenneth E. 03/19/2019 Wolf Attorney in Fact

** Signature of Reporting Person

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.