FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* DAVIS JOE E | | | | | | | 2. Issuer Name and Ticker or Trading Symbol NATURAL ALTERNATIVES INTERNATIONAL INC [NAII] | | | | | | | | | | ionship of Reporting all applicable) Director Officer (give title below) | | 10% C |)wner |
|---|--|------|--|--------|---------------------------------|---|---|-------------------|-------------|---|--------------|--|--|-----------|--|--|--|--|--|---|
| (Last) (First) (Middle) 1185 LINDA VISTA DRIVE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2006 | | | | | | | | | | | | below) | (specify |
| (Street) SAN MA (City) | AN MARCOS CA 92078 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/24/2006 | | | | | | | | | | ne) X For For | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | | Execution Date | | | Transaction Dispose Code (Instr. and 5) | | | rities Acquired (ed Of (D) (Instr. : | | | Secu Bene Own | ficially ed | Forn (D) o | ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | | A) or D) | Price | Repo Tran | Following Reported Transaction(s) (Instr. 3 and 4) | | 1. 4) | (111501.4) | | | | | |
| Common | Stock | | | .006 | | | M | | 10,00 | 0 | A | \$2 | 2 2 | 27,000(1) | | 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) | 2. Conversion or Exercis Price of Derivative Security | on [| 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transac Code (Ir 8) | | of | | 6. Date Ex Expiration (Month/Da | е | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / O F D o (I 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | Date Exercisab | | xpiration ate | Title | Num of Shar | | | | | | | | |

Explanation of Responses:

1. The Form 4 filed on May 24, 2006 to report Mr. Davis' exercise of a non-qualified stock option inadvertently failed to report the 10,000 shares of common stock acquired by Mr. Davis as a result of such exercise in the number of securities beneficially owned by Mr. Davis.

> /s/ John Reaves on behalf of Mr. Davis under a Power of **Attorney**

10/16/2006

** 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.