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] | | | | | | | | | eck all ap | tionship of Reporting all applicable) Director Officer (give title below) | | 10% Owner | | |
|--|--|--|--|----------------------------------|---|---|--|---|------------------------|---|--------|---------------------------------------|--|--|------------------------------------|--|--|-----------------|---|--|
| (Last) (First) (Middle) 1185 LINDA VISTA DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/03/2012 | | | | | | | | | | | | | Other below) | (specify | |
| (Street) SAN MA (City) | Street) SAN MARCOS CA 92078 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) X Form Form | 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) | | | | | y/Year) | Execution Date, | | | Transaction Disposed C | | | ities Acquired (A d Of (D) (Instr. 3, | | | Secui | ficially d wing | | ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | ٧ | Amount | (F | | Price | Trans | nsaction(s) str. 3 and 4) | | | | |
| Common Stock ⁽²⁾ 09/03/2 | | | | | | 012 | | A | | 3,000 | 3,000 | | \$ <mark>0</mark> | 0 40,796 ⁽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 Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | 4. Transaci Code (In 8) | e (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | unt ber | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov For Di or (I) 4) | vnership orm: rect (D) Indirect (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. One thousand (1,000) of the securities vest on September 3, 2013; one thousand (1,000) of the securities vest on September 3, 2014, and the final one thousand (1,000) of the securities vest on September 3, 2015.
- 2. This transaction represents a grant of restricted stock pursuant to the Company's 2009 Omnibus Incentive Plan.

<u>/s/ Joe E. Davis</u> <u>09/05/2012</u>

** 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.