FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / I- ! 4 | D 0 | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

| STATEMENT | OF | CHANGES | IN I | RENEFICIAL | OWNERSHIP |
|-----------|----|---------|------|------------|-----------|
| SIAIEWENI | UГ | CHANGES | 114 | BENEFICIAL | OWNERSHIP |

| 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).

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

| Name and Address of Reporting Person* LANE ALAN J (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol NATURAL ALTERNATIVES INTERNATIONAL INC [NAII] | | | | | | | | k all app Direc | tor er (give title | ng Per | rson(s) to Is 10% O Other (below) | wner | |
|---|--|----------|------------------------------|----------|-------------------------|---|--|---|------------|---|--|--|--|--|--|----------------------|-------------------------------------|-------------|----|
| (Last) 1535 FA | RADAY A | , | viidule) | | 10/1 | 3. Date of Earliest Transaction (Month/Day/Year) $10/14/2020$ | | | | | | | | | | , | | | |
| (Street) | BAD C | A 9 | 2008 | | 4. If <i>A</i> | Amend | ment, | Date o | of Origina | al File | d (Month/Da | y/Year |) | 6. Ind Line) | Form | filed by One | e Rep | orting Pers | on |
| (City) | (S | tate) (Ž | Zip) | | | | | | | | | | | | Perso | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amo Securi Benefi Owned Report | ties cially I Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code V | | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (|
| Common | ommon Stock 10/14/ | | .020 | | S ⁽¹⁾ | | 5,681 | D | 9 | 8.15(2) | 50 | 5,500 | | 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) | | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of Title Share: | | str. | Price of privative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. Represents the Director's net exercise of an Option for 10,000 shares and the Company's concurrent purchase of the remaining shares underlying the Option pursuant to the Company's Stock Repurchase Program.
- 2. The shares were valued for determination of the exercise consideration and for the Company's purchase of the remaining shares at the closing price of the shares on Nasdaq on the day before exercise.

/s/ Alan J. Lane, By Kenneth E. Wolf Attorney in Fact

10/16/2020

** 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.