FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
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| | OMB Number: | 3235-0287 | | | | |
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| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | |
| J | 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

| 1. Name and Address of Reporting Person* <u>Urban Robert M.</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Lifevantage Corp</u> [LFVN] | | | | | | | | | ll applicab Director | ole) | Person(s) to Issuer 10% Owner | | |
|--|--|------|-----------|-----------------------------|-------|---|---|---|--|-----|--------------------|---|------------------------|--------|--|--|---|---|--|--|
| (Last) (First) (Middle) 9815 S. MONROE STREET SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2013 | | | | | | | | | X Officer (give title Other (specify below) Chief Operating Officer | | | | | |
| (Street) SANDY UT 84070 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ay/Year) if an | | A. Deemed execution Date, fany Month/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | nd S | Amount of ecurities eneficially wned Follo | , | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (1 | A) or D) | Price | _ то | Fransaction(s) Instr. 3 and 4) | | | (111341. 4) | |
| Common Stock ⁽¹⁾ 06/24/ | | | | | | | | | | | 256,00 | 00 A | | \$(| \$0 272 | | 00 | 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) | titive Conversion Date Execution or Exercise (Month/Day/Year) if any | | | Date, Transaction Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Deriva Securit (Instr. ! | tive deriv ty Secu 5) Bend Own Follo Repo | lumber of ivative urities reficially ned owing rorted nsaction(s | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of Sha | | | | | | | |

Explanation of Responses:

1. These shares were acquired pursuant to a restricted stock award granted June 24, 2013, which vests in four equal annual installments on each of June 24, 2014, June 24, 2015, June 24, 2016, and June 24, 2017, subject to continued service with the Company.

Remarks:

/s/ Rob Cutler, Attorney-in-Fact 06/24/2013

** 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.