FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* <u>TABER HAROLD C JR</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HANSEN NATURAL CORP [HANS] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|--|--|---|--|--|------|---|-----------------------------|--------------------|--------------------|--|---------------|---|--|---|--|---|--|
| | | URAL CORP | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) L/18/2004 | | | | | | | | | | Office below | er (give title v) | Other below | (specify) |
| 1010 RAILROAD ST (Street) CORONA CA 92882 | | | | 4. If A | 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 | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | reis | OII | | |
| | | Tab | le I - Nor | | | _ | | | _ | Dis | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | d (A) c r. 3, 4 | 4 and Sec Be Ow | | ount of ties cially d 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) | | | (5 4) |
| Common | Stock | | | 11/18 | 3/2004 | | | | S | | 5,000 | | D | \$3 | 0.85 | | 0 | I | By Taber Family Trust |
| Common | Stock | | | 11/18 | 3/2004 | | | | S | | 5,000 | | D | \$3 | 1.26 | | 0 | I | By Taber Family Trust |
| Common | Stock | | | 11/18 | 3/2004 | | | | S | | 5,000 | | D | \$3 | 1.24 | | 0 | I | By Taber Family Trust |
| Common | Stock | | | 11/18 | 3/2004 | | | | S | | 5,000 | | D | \$3 | 1.36 | | 0 | I | By Taber Family Trust |
| Common Stock | | | 11/18/2004 | | | | | S | | 5,281 | | D | \$3 | 0.91 | | 0 | I | By Taber Family Trust | |
| Common | Stock | | 11/1 | | 3/2004 | | | | S | | 5,000 | | D | \$30.54 | | 5,000.7(1) | | I | By Taber Family Trust |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transact Code (In: 8) | | of E | | 6. Date Expiration (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | J | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| explanation of Responses: | | | | Code V | | (A) | (D) | | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

1. The remaining balance of securities beneficially owned by Mr. Taber has been adjusted by 700 shares to reflect a broker error in Mr. Taber's account balance.

Harold C. Taber, Jr. 11/22/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).