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 b	urden								

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

					0.	Occi	1011 00(11)) tile	iiivesiiieiii (المال	party Act	0. 10-0								
1. Name and Address of Reporting Person* Schwerdt Scott E						2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Scriwe	rat Scott I	<u> </u>			-										Directo			10% Ov		
					_	Doto (of Carlinat	Trong	nation (Man	th/D	ov/Voor)		-	X	below)	(give title		Other (s below)	specify	
(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014								President, Americas Region						
75 WES	T CENTER	STREET																		
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														ine) X	Form f	iled by One	Dono	orting Perso	n	
PROVO	U	T	84601											Λ		,	•	onling Ferso one Repo		
					-										Persor		e man	гоне перо	rung	
(City)	(S	tate)	(Zip)																	
		Tak	de L. No	n-Deriv	vativ	e Se	curities	·Δc	quired, D	isn	osed o	f or Be	nefici	allv	Owned					
1 Title of	Coourity (Inc.					_	2A. Deeme		3.	÷		ties Acquir		<u> </u>	5. Amou		6 04	morohin	7. Nature	
1. Title of Security (Instr. 3) 2. Trans Date (Month/						ear)	Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		l Of (D) (Ins		4 and Securiti Benefici Owned I		es ally Following	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
									Code V	,	Amount	(A) or P		•	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II	Dorive	ntivo.	Soo	urition	Λοα:	uired, Dis	no	and of	or Bon	oficial	lv. O	humod					
									, options						wiieu					
1 Title of	2.	3. Transaction	3A. Deeme		4.		'	_	•						. Price of	9. Number	r of	10.	11. Nature	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. ITAINSACTION Date (Month/Day/Year)	Execution if any (Month/Day	Date,	Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivativ Security		derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amour or Number of Shares	er						
Employee Stock Option (right to	\$77.65	05/12/2014			A		12,500		05/12/2014	07.	/15/2020	Class A Common Stock	12,50	0	\$0	50,000 ⁰	(1)	D		

Explanation of Responses:

1. On July 15, 2013, the reporting person was granted an option to purchase 50,000 shares of Class A Common Stock. The options vest in four equal tranches based on Nu Skin Enterprises, Inc.'s satisfaction of certain performance criteria. On May 12, 2014, the performance criteria for the first tranche were met, resulting in the vesting of the option as to 12,500 shares.

Remarks:

<u>Clayton A. Jones as Attorney-in-Fact for Scott E. Schwerdt</u>

05/12/2014

** 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.