FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL
I	OMB Number:	3235-0287
	Estimated average burde	en
	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

		Reporting Person*	•		2. <u>N</u>	Issuer US	r Name ar KIN E	nd Tid NT	cker or Trac ERPRIS	ding S	Symbol SINC [N	IUS]			lationship o ck all applic Director	able)	g Pers	10% Ov	vner
(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET		08	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2005									X Officer (give title Other (specify below) President, Big Planet division							
(Street) PROVO UT 84601			_ 4.	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)	(S	tate)	(Zip)												reison				
		Tal	ble I - No	n-Deri	vativ	e Se	curitie	s A	cquired,	Dis	sposed o	f, or B	enefi	cially	Owned				
1. Title of	Security (Inst	tr. 3)		2. Trans Date (Month			2A. Deem Execution if any (Month/Da	Date	Code (Of (D) (I	nstr. 3,		Beneficia Owned F Reported	s ally following I	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	٧	Amount	(A) (D)	or P	rice	Transact (Instr. 3 a		_		
	Common Sto					3/2005			J ⁽¹⁾		0.8163	- - -		522.49				D	
Class A (Common Sto			<u> </u>	2/200				J ⁽¹⁾		1.4207			323.67		3(3)(2)		D	
			Table II -								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Month/Day/Year) Date Execution Date, if any Code (Instr. Derivative Securities Code (Instr. Derivative Securities Code (Instr. Derivative Code (Instr. Code (Instr.		7. Title of Sec Underl Deriva (Instr. :	rities /ing ive Sec	urity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)									
					Code	v	(A)	(D)	Date Exercisab	le	Expiration Date	Title	or Nu of	nount mber ares					
Employee Stock Option (right to buy) ⁽⁴⁾	\$11.37								09/10/200	3 ⁽⁵⁾	09/10/2013	Class . Comm Stock	on 15	,000		15,000	(3)	D	
Employee Stock Option (right to buy) ⁽⁴⁾	\$11.37								09/10/200	4 ⁽⁶⁾	09/10/2013	Class . Commo	on 25	,000		25,000	(3)	D	
Employee Stock Option (right to buy) ⁽⁴⁾	\$19.15								02/27/200	5 ⁽⁶⁾	02/27/2014	Class . Commo Stock	on 12	,500		12,500	(3)	D	
Employee Stock Option (right to buy) ⁽⁴⁾	\$26.13								09/01/200	5 ⁽⁶⁾	09/01/2014	Class . Comm Stock	on 12	,500		12,500	(3)	D	
Employee Stock Option (right to buy) ⁽⁴⁾	\$22.33								02/28/200	6 ⁽⁶⁾	02/28/2015	Class . Comm Stock	on 12	,500		12,500	(3)	D	
Employee Stock Option (right to	\$21.34	08/31/2005			A		12,500		08/31/200	6 ⁽⁶⁾	08/31/2015	Class . Comm	on 12	,500	(7)	12,500	(3)	D	

Explanation of Responses:

- 1. Shares were acquired through an automatic reinvestment of a dividend payment.
- 2. Updated to reflect shares acquired under the Company's Employee Stock Purchase Plan which are exempt from filing.
- 3. Represents number of shares beneficially owned as of August 31, 2005.
- 4. Previously reported.
- 5. Immediately exercisable.
- 6. Becomes exercisable in four equal annual installments beginning on the date indicated.
- 7. Price not applicable.

Remarks:

D. Matthew Dorny as Attorneyin-Fact for Larry V. Macfarlane

** 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.