FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* HUNT M TRUMAN						2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2015							_ ,	Officer	Officer (give title Other (specify					
75 WEST CENTER STREET															uidual an Iaint/Craum Filing (Chaels Armiliant)				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	,					
PROVO UT 84601														Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	State)	(Zip)											Person	9				
		Та	ble I - No	n-Der	rivativ	ve S	ecur	ities Acc	uired	, Dis	posed of	, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		Transaction Disposed Code (Instr.			ties Acquired (A) or I Of (D) (Instr. 3, 4 au		Beneficia Owned F	s illy ollowing	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Class A Common Stock 02/28/					28/20	/2015		М		25,000 ⁽¹⁾ A \$		\$22.3	3 324	324,399		D			
Class A Common Stock 02/28/					28/20	2015			М		25,000	5,000 ⁽¹⁾ A \$		349,399		D			
Class A Common Stock 02/28/					28/20	2015		F		30,376 ⁽²⁾ D		\$54.18	319	319,023		D			
			Table II -								osed of,			Owned		,		<u> </u>	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		isable and	7. Title an of Securit Underlyin Derivative (Instr. 3 a	d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)			
Employee Stock Option (right to buy)	\$22.33	02/28/2015			M			25,000 ⁽³⁾	(4)		02/28/2015	Class A Common Stock	25,000	\$0	0		D		
Employee Stock Option (right to	\$16.89	02/28/2015			M			25,000 ⁽³⁾	(4)		02/28/2015	Class A Common Stock	25,000	\$0	0		D		

Explanation of Responses:

- 1. In accordance with the terms of the Issuer's stock incentive plans, these shares were acquired from the automatic net exercise of options immediately prior to their expiration.
- 2. In accordance with the terms of the Issuer's stock incentive plans, these shares were withheld by the Issuer to cover the option exercise price and tax withholding obligations related to the automatic net exercise of options immediately prior to their expiration.
- 3. In accordance with the terms of the Issuer's stock incentive plans, these options were automatically net exercised immediately prior to their expiration.
- 4. Currently exercisable in full.

Remarks:

buy)

/s/ Gregory Belliston as Attorney-in-Fact for M. Truman 03/03/2015 Hunt

** 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.