FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN E	BENEFICIAL	OWNERSHIP

OIVID APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

Name and Address of Reporting Person* WOOD RITCH N					2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS]								ck all application	tionship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s	/ner	
	(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017								below)			below)	респу
Street) PROVO UT 84601 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - No	n-Der	ivativ	/e Se	curi	ities Acc	uired,	Dis	posed of	or Ber	neficially	/ Owned				
1. Title of Security (Instr. 3) 2. Trai		2. Tran Date	saction			3. 4. Securities Acquire Disposed Of (D) (Inst.		I (A) or	5. Amour Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A Common Stock			06/2	28/201	2017			М		13,750(1	13,750 ⁽¹⁾ A S		93,995			D		
Class A Common Stock 06/2			28/201	/2017		F		8,277 ⁽²⁾ D \$		\$62.93	1 85,718			D				
			Table II -								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ully g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	ion(s)		
Employee Stock Option (Right to	\$25.89	06/28/2017			М			13,750 ⁽³⁾	(4)		06/28/2017	Class A Common Stock	13,750	\$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:

/s/ Gregory Belliston as
Attorney-in-Fact for Ritch N. 06

06/29/2017

Wood

** 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.