FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.O. 20043

	OMB APP	PROVAL
IEDQUID	OMB Number:	3235-028

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Chard Daniel R						2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS]									neck a	all appli Directo	cable)	g Per	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014									Λ	below)		siden	below)	
(Street)	U	Γ	84601			4. If Amendment, Date of Original Filed (Month/Day/Year) 05/12/2014								Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3)		(Zip) le I - Non	-Deriv	ative	Sec	uriti	es Ad	cqu	ired, D	isp	osed o	of, or Be	neficia	lly O	wned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			9, │	3. Transact Code (In: 8)		4. Secur Dispose 5)	ities Acquir d Of (D) (In:	ed (A) or str. 3, 4 and	4 and Sec Ben Owi		nount of irities ificially ed Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	/	Amount	nt (A) or Pr		т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year		ate		Amount of Securities Underlying Derivative			rice of vative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable	Ex Da	piration te	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$77.65	05/12/2014			A		0(1)		05/	/12/2014	07/	15/2020	Class A Common Stock	0(1)	Ş	\$0	0(1)		D	

Explanation of Responses:

1. On July 15, 2013, the reporting person was granted a performance-vesting stock option to purchase 75,000 shares of Class A Common Stock, which vests in four equal tranches based on Nu Skin Enterprises, Inc.'s satisfaction of certain performance criteria. On May 12, 2014, the reporting person reported the vesting of 18,750 performance-vesting stock options based on the determination of the Issuer's Compensation Committee that the relevant performance criteria had been satisfied. However, due to the August 12, 2014 restatement of the Issuer's consolidated financial statements for the quarter ended March 31, 2014, the Issuer's Compensation Committee determined that the relevant performance criteria had not been satisfied and that the 18,750 performance-vesting stock options remain unvested and are not currently reportable. Accordingly, this amendment is being filed to eliminate the previously reported vesting.

Remarks:

/s/ Clayton Jones as Attorneyin-Fact for Daniel R. Chard

08/13/2014

** 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.