FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	

- 1		
	OMB Number:	3235-0287
	Estimated average bur	den
-	hours ner resnonse.	0.5

OMB APPROVAL

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* Schwerdt Scott E					2. Issuer Name <b>and</b> Ticker or Trading Symbol NU SKIN ENTERPRISES INC [ NUS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
																Director		10% Owne		
-					_	<u> </u>									<b>−</b> X	below)	give title		Other (s below)	ресіту
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/26/2011									Pres	ident. An	nerica	as Region		
C/O NU	SKIN ENT	ERPRISES, INC	Ξ.		0,	J1 2 01 2	-011										, , , , , ,			
75 WES	T CENTER	STREET																		
(Ctua at)					-   <sup>4.</sup>	If Ame	endme	ent, Date o	of Origir	al File	ed (N	Month/Da	ıy/Year)		6. Inc Line)	lividual or Jo	oint/Group	Filing	(Check App	licable
(Street) PROVO	U	т	84601												X	Form fil	ed by One	Repo	rting Persor	ı
PROVO		1	04001		_											Form fil Person	ed by More	e than	One Repor	ting
(City)	(S	tate)	(Zip)																	
		Та	ble I - No	n-Der	ivativ	ve Se	ecur	ities Ac	quire	d, D	isp	osed o	of, or E	ene	ficially	Owned				
1. Title of	Security (Inst	r. 3)		2. Tran	nsactio		2A. Deemed		3.			4. Securities Acquired (A) of				5. Amour		6. Ownership		7. Nature of
					Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Cod	Code (Instr.		Disposed Of (D) (Instr. 3, 4			s, 4 and 5)		ecurities eneficially wned Following		Indirect	Indirect Beneficial Ownership (Instr. 4)
							, , , , , , , , , , , , , , , , , , , ,		Cod	e V		Amount	(A (D	or	Price	Reported Transacti (Instr. 3 a	on(s)			
Class A (	Common Sto	ock		09/2	26/20	11			M			12,25	0	A	\$17.75	41,078			D	
Class A Common Stock				09/2	26/2011				М		T	120,00	00	A	\$16.5	161,078		D		
Class A (	Common Sto	ock		09/2	26/20	/2011		<b>S</b> <sup>(2</sup>		1	132,25	50 D :		\$43.05	5 28,828		D			
			Table II -	Deriv	ative	Sec	uriti	ies Acq	uired	Dis	po	sed of,	or Be	nefi	cially C	) Wned				
								arrants												
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	oate,		ransaction ode (Instr.		Derivative I		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	able	Ex Da	piration ate	Title	or No	mount umber Shares		(Instr. 4)			
Employee				$\neg \dagger$			<u> </u>	· /												
Stock Option (right to buy)	\$17.75	09/26/2011			M			12,250	(1		02/	/26/2014	Class A Commo Stock	n 1	.2,250	\$0	0		D	
Employee Stock Option (right to	\$16.5	09/26/2011			M			120,000	(1		12/	/20/2014	Class A	n   1	20,000	\$0	0		D	

## **Explanation of Responses:**

- 1. Currently exercisable in full.
- 2. Sale pursuant to a 10b5-1 plan adopted by the Reporting Person.

## Remarks:

Clayton A. Jones as Attorneyin-Fact for Scott E. Schwerdt

09/28/2011

\*\* 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.