FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DORNY D MATTHEW | | | | 2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS] | | | | | | | | | | Check | ationship of Reportin all applicable) Director Officer (give title | | 10% | Issuer Owner (specify | |
|--|---|--|--|--|---|-----|---|---|-----------------------------|----------|---|--------------------------|------------------------|--|---|------|---|---|---------------------------------------|
| (Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2012 | | | | | | | | | | X Officer (give title Offier (specify below) General Counsel | | | | | |
| (Street) PROVO UT 84601 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/13/2012 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | of, o | r Bene | eficia | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution | | Date, | | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | e | Transaction(s) (Instr. 3 and 4) | | | (11311.4) | |
| Class A Common Stock | | | 02/09/2012 | | | | A | | 2,500(1)(2) | | A | \$0 | | 29,445 | | D | | | |
| 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. Deem Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5 | ative rities ired osed . 3, 4 | 6. Date Expiration (Month/L | on Dat | | Ame Sec Und Der | Amo or Nun of | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. On June 28, 2010, the reporting person was granted restricted stock units, which become eligible for vesting based on Nu Skin Enterprises, Inc.'s satisfaction of certain performance criteria. On February 9, 2012, the performance criteria were met, resulting in the shares becoming eligible for vesting.

2. This amendment is being filed to include a transaction that was omitted from the original filing.

Remarks:

Clayton A. Jones as Attorney in Fact for D. Matthew Dorny

04/20/2012

** 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.