## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0362    |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours por rosponso       | 1.0 |  |  |  |  |  |  |

| Check   | this box if no lo   | inger subject   |   |  | V  | vasnin  | gton, L | J.C. 205   | 49        |  |                                 |  |   |  | OME                                     | 3 APPF  | OVA                            | AL   |
|---|---|---|---|--|--|---------|---------|--|-----------|--|---------------------------------|--|---|--|---|---|--------------------------------|--|
| to Sec<br>obliga<br>Instru  | ction 16. Form 4<br>tions may continction 1(b).                       | or Form 5<br>nue. See   | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |  |  |         |         |  |           |  | Es                              | AB Numb<br>timated a<br>urs per r              |   | 1.0  |   |   |                                |  |
| Form  | 4 Transactions  | Reported.   | Filed   | d pursuant to S<br>or Section 3  |  |         |         |  |           |  |                                 |  |   |  |   |   |                                |  |
| 1. Name and Address of Reporting Person*  LUND STEVEN  (Last) (First) (Middle)  C/O NU SKIN ENTERPRISES, INC. |   |   |   | or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES, INC. [ NUS ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021 |  |         |         |  |           | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title below) Check (specify below)  Exec. Chairman of the Board |                                 |  |   |  | er                                      |   |                                |  |
|   | T CENTER  |   | o.  |  |  |         |         |  |           |  |                                 |  |   |  |   |   |                                |  |
| (Street) PROVO (City)   |   |   | 14601<br>Zip)                                       | 4. If Amend  | ment,  | Date of | of Orig | inal File  | d (Month/ | /Day/Ye  | ear)                            | 6. Inc   | Form  | filed by filed by !  | one Re                                  | ng (Chec<br>porting P<br>an One R               | erson                          |  |
|   |   | Table   | I - Non-Deriva                                      | ative Secui  | ritie  | s Acc   | quire   | d, Dis   | posed     | of, o  | Benef                           | icial  | ly Own  | ed   |   |   |                                |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)   |   | 2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8)  |   |  | 4. Securities Acquired (A) or Disp<br>Of (D) (Instr. 3, 4 and 5)   |         |         | Securities<br>Beneficially<br>Owned at end                                       |           | s<br>ally<br>t end of  |                                 |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |   |   |                                |  |
|   |   |   |   |  |  |         |         | Amoun  | t         | (A) or<br>(D)  | Price                           |  | Issuer's<br>Year (Ins<br>4)                         |  | Indire<br>(Instr.                       |   | (Instr.                        | 4)   |
| Class A   | Common St   | ock   | 11/11/2021  |  |  | G       | ,       | 24,  | 183       | D  | \$0                             | 1  | 216   | ,509   | By SJI<br>NS-<br>Holdin<br>L.L.C.       |   | ings                           |  |
| Class A   | Common St   | ock   |   |  |  |         |         |  |           |  |                                 | 40,000 I                                       |   | 40,000   |   | I   | By Son<br>Rhino<br>Comp<br>LLC | o<br>pany  |
|   |   | Tal   | ble II - Derivati<br>(e.g., pt                      | ive Securit<br>uts, calls, v   |  |         |         | , .  |           | ,  |                                 | ,  | / Owne  | d  |   |   |                                |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | onversion Date Execution Date Execution Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) |   | 4.<br>Transaction<br>Code (Instr.  | Transaction Code (Instr. )  S. Number of Expira (Mont Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Date |         |         | te Exercisable and ration Date th/Day/Year)  7. Tir Amo Sect Und Derit Sect 3 an |           |  | Amou or Numb or Numb or Numb or | 8. Price of Derivative Security (Instr. 5) tr. |   | 9. Numb<br>derivatii<br>Securitii<br>Benefici<br>Owned<br>Followir<br>Reporte<br>Transac<br>(Instr. 4) | ve<br>es<br>ially<br>ng<br>d<br>tion(s) | e Owners Form: Direct (I or Indire g (I) (Instr |                                | 1. Nature of Indirect Beneficial Ownership Instr. 4) |

## **Explanation of Responses:**

- 1. SJL NS-Holdings is a family limited liability company which is owned and controlled by the Reporting Person and his immediate family.
- 2. This report should not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purpose of Section 16 or for any other purpose.

/s/Gregory Belliston as

Attorney-in-Fact for Steven J. 02/02/2022

Lund

\*\* 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.