## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL 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

					OI	Secu	1011 30(11)	OI THE	e investmen	it Con	ipany Act	JI 1940							
1. Name and Address of Reporting Person*  MACFARLANE LARRY V					2. Issuer Name <b>and</b> Ticker or Trading Symbol NU SKIN ENTERPRISES INC [ NUS ]									(Ched	ck all applic	able)	g Pers	on(s) to Issu	/ner
(Last) (First) (Middle) C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET					Date o		Tran	saction (Mo	onth/D	ay/Year)	X	Officer (give title below)  President, Big Planet division							
(Street) PROVO UT 84601				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S		(Zip)										Person						
		Tal	ble I - Non	-Deriv	ativ	e Se	curitie	s A	cquired,	Disp	osed o	f, or Be	enefi	cially	Owned				
Di			2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Securitie Beneficia	ecurities   F eneficially   ( bwned Following   (		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code			v	Amount	(A) (D)	or F	rice	Transacti (Instr. 3 a	tion(s) and 4)					
Class A (	Common Sto		Table II - [	Derivat	tive	Sec	urities	Acc	quired, D	ispo	sed of,	or Ber	efic	ially (		(1)(2)		D	
			(	e.g., p	uts,	call	s, warr	ant	s, option	ıs, c	onvertik	ole sec	uriti	es)					
Derivative Conversion		Date Execution (Month/Day/Year) if any	3A. Deemed Execution Da if any (Month/Day/\)		ransaction ode (Instr.		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares					
Employee Stock Option (right to buy) <sup>(3)</sup>	\$11.37								09/10/2003	8 <sup>(4)</sup>	09/10/2013	Class A Common Stock	n 15	,000,		15,000	(1)	D	
Employee Stock Option (right to buy) <sup>(3)</sup>	\$11.37								09/10/2004	J <sup>(5)</sup> (	09/10/2013	Class A Common Stock	a 25	,000		25,000	(1)	D	
Employee Stock Option (right to buy) <sup>(3)</sup>	\$19.15								02/27/2005	j(5)	)2/27/2014	Class A Common Stock		,500		12,500	(1)	D	
Employee Stock Option (right to buy) <sup>(3)</sup>	\$26.13								09/01/2005	j(5) (	09/01/2014	Class A Common Stock	n 12	,500		12,500	(1)	D	
Employee Stock Option (right to	\$22.33	02/28/2005			A		12,500		02/28/2006	i <sup>(5)</sup> (	02/28/2015	Class A Common Stock		,500	(6)	12,500	(1)	D	

## **Explanation of Responses:**

- $1. \ Represents \ number \ of \ shares \ beneficially \ owned \ as \ of \ February \ 28, \ 2005.$
- 2. Updated to reflect shares acquired under the Company's Employee Stock Purchase Plan which are exempt from filing.
- 3. Previously reported.
- 4. Immediately exercisable.
- 5. Becomes exercisable in four equal annual installments beginning on the date indicated.
- 6. Price not applicable.

## Remarks:

D. Matthew Dorny as Attorneyin-Fact for Larry V. Macfarlane

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

<sup>\*</sup> 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.