FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | : 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* <u>LIPMAN ANDREW D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES, INC. [NUS] | | | | | | | | | ck all app Direc | tor | ng Pers | 10% Ov | vner | |
|---|--|---------|---|--|--|--|--|-------|---|--|--------------------|--|--|--|---------------|--|---|--------------------|------------|
| (Last) | (Fir | st) (N | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2024 | | | | | | | | | Office | er (give title | | Other (s below) | specify |
| C/O NU SKIN ENTERPRISES, INC. 75 W CENTER STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | , | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | ľip) | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | en plan | that is inter | nded to | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | s Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed ution Date, / th/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amo Securit Benefic Owned | ies cially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | Price | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Class A Common Stock 01/25/2 | | | | | 2024 | | | | S | | 2,000(1) | D |) { | \$18.55 | 3 | 31,225 | | 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) | ivative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: y Direct (D) or Indirect (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Sale pursuant to a plan that was intended to comply with the prior version of Rule 10b5-1.

/s/ Gregory Belliston as

Attorney-in-Fact for Andrew 01/25/2024

D. Lipman

** 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.