| SEC Form 4 |
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

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|--|----------------------|----|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 32 | |
| | Estimated average bu | | |
| Filed nursuant to Section 16(a) of the Securities Exchange Act of 1034 | hours per response: | | |

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

| | | | of Section So(ii) of the investment Company Act of 1940 | | | | | | | |
|--|---------|----------|--|-------------------|--|------------------|--|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES, INC. [NUS] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| LIPMAN ANDREW D | | <u> </u> | | X | Director | 10% Owner | | | | |
| (Last) (First) (Middle) | | | | - | Officer (give title | Other (specify | | | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/25/2023 | | below) | below) | | | | |
| C/O NU SKIN ENTERPRISES, INC. | | | | | | | | | | |
| 75 W CENTER STREET | | | | <u>_</u> | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Line) | | | | | |
| (Street) | | | | X | Form filed by One Re | eporting Person | | | | |
| PROVO | UT | 84601 | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Disposed Of 5) | | | | Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership |
|---------------------------------|--|---|------|---|------------------------------------|---------------|---------|------------------------------------|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 04/25/2023 | | S | | 2,000 ⁽¹⁾ | D | \$40.75 | 60,393 | D | |

| <u></u> | | | | | _ | | | 1 1 | 1 | | | | | | |
|---|--|--|---|------------------------------|---|-------------------|-----|--|--------------------|---|--|---|--|--|--|
| | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

/s/ Gregory Belliston as

Attorney-in-Fact for Andrew 04/25/2023 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.