FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	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 or Section 30(h) of the Investment Company Act of 1940

												_	_									
1. Name and Address of Reporting Person* TILLOTSON SANDRA							2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [ NUS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TILLO	TSON SA	THE SIMIL LIVILIA MOLD INC [ NOS ]										X Director				10% O	wner					
-					$\vdash$										X		er (give title			specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									belov	<sub>w)</sub> Senior Vi	co Dr	below)			
C/O NU SKIN ENTERPRISES, INC.							02/20/2009										Sellioi VI	ce Pre	esidelit			
75 WEST	Γ CENTER																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person							
PROVO UT 84601															Form filed by More than One Reporting					orting		
(City)	/St	ate) (	Zip)													Pers	on					
(City)	(30	ale) (	Ζιμ)																			
		Tab	e I - No	n-Deriva	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, or	Ben	efici	ally	Owne	ed					
1. Title of S	Security (Inst	r. 3)		2. Transac	tion				3. 4. Securities Acq							5. Amount of Securities				7. Nature of		
					Date (Month/Day/Year)		ear) Execution Date,		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 5)			3, 4 ar	Ben		ficially	Form: Direct (D) or Indirect	r Indirect	Indirect Beneficial		
						(Month/Day/Year)		8)			T 1				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)			
									Code	V	Amount	(A (D	) or ))	Price			ction(s) 3 and 4)					
Class A C	Common Sto	ock		02/20/2009					A		3,141	3,141 A		\$(	)	3,076,292			D			
Class A C	Common Sto	ock		02/20/2	2009				F		1,365		D	\$ <del>10</del>	.41	3,0	74,927		D			
																				By the		
																				SNT		
Class A C	Common Sto	ock													90		0,000		I	Rhino		
																				Company, L.C.		
						_						_										
																				By the		
Class A Common Stock																500,000				CST		
Class A Common Stock																500,000				Rhino Company,		
																	L.C.					
								_														
		Та									osed of, onvertib					wned						
1. Title of	2.	3. Transaction	3A. Deen	1	4.		_					_			_	rice of	9. Number o	of 1	10.	11. Nature		
Derivative	vative Conversion Date Execution I				+. Transa Code (	ction	ion of		6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title and Amount of			Derivative Security		derivative Securities	c	Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/D	ay/Year)	Code (1 8)	ınsır.	Securities		(MOHLH/I	Jayrte	ear)	Securities Underlying				tr. 5) Benefi	Beneficially	/   D	Form: Direct (D)	Beneficial Ownership		
	Derivative Security					Acquired (A) or					Secu	Derivative Security (Instr.				Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
						of (D) (Instr. 3, 4 and 5)					and 4)					Reported Transaction(s)						
																(Instr. 4)						
				F									Am	ount	1							
													or	mber								
						v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	ares								
	1	I	l .	Ι,	Code	٠.	169	ı (-,				1	1	00	1		I	- 1				

**Explanation of Responses:** 

Remarks:

Clayton Jones as Attorney-in-Fact for Sandra N. Tillotson

02/24/2009

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).