#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATE	MENT	OF	CHAN

# NGES IN BENEFICIAL OWNERSHIP

**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 or Section 30(h) of the Investment Company Act of 1940

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 ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner								
(Last)	,	rirst) ERPRISES, INC	(Middle)			Date o		Tran	saction (Mo	nth/E	ay/Year)					(give title		Other (s below)	
	T CENTER				4 1	If Ame	endment	Date	of Original F	iled	(Month/Day	v/Year)		6 Ind	ividual or Jo	oint/Groun	Filina	(Check App	nlicable
(Street)	U	Т	84601	,				Jaco	or original i		(	,, , , , , , , , , , , , , , , , , , , ,		Line)	Form fil	ed by One	e Repo	orting Person	n
(City)	(S	itate)	(Zip)	,											1 013011				
		Tal	ble I - Non	-Deriv	ativ	e Se	curitie	s Ad	cquired,	Dis	posed o	f, or Be	enefic	cially	Owned				
1. Title of Security (Instr. 3)			2. Trans Date (Month/I	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	mount (A) o		ice	Transacti (Instr. 3 a	on(s)			m3u. 4 <i>j</i>	
Class A C	Common St	ock													4,50	00(1)		D	
			Table II - I )						quired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Price of Derivative				ection Instr.	of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		Derivative Security		9. Number derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
				С	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or	ount nber res					
Stock Option (right to buy) <sup>(2)</sup>	\$17								05/20/1999	(4)	05/20/2009	Class A Common Stock		000		10,000	(1)	D	
Stock Option (right to buy) <sup>(2)</sup>	\$7.44								05/11/2001	(4)	05/11/2010	Class A Common Stock		500		7,500 <sup>0</sup>	(1)	D	
Stock Option (right to buy) <sup>(2)</sup>	\$6.9								05/10/2002	(4)	05/10/2011	Class A Common Stock	7,5	500		7,500 <sup>0</sup>	(1)	D	
Stock Option (right to buy) <sup>(2)</sup>	\$13								05/09/2003	(4)	05/09/2012	Class A Common Stock		500		7,500 <sup>0</sup>	(1)	D	
Stock Option (right to buy) <sup>(2)</sup>	\$9.96								05/20/2004	(4)	05/20/2013	Class A Common Stock		000		10,000	(1)	D	
Stock Option (right to	\$23.28	05/17/2004			A		10,000		05/17/2005	(4)	05/17/2014	Class A Common Stock		000	(3)	10,00	00	D	

# **Explanation of Responses:**

- $1. \ Represents \ number \ of \ shares \ beneficially \ owned \ as \ of \ May \ 17, \ 2004.$
- 2. Previously reported.
- 3. Not applicable.
- 4. Options become exercisable one day prior to the next annual meeting of stockholders following the date of grant. Dates listed are estimated vesting dates based on the date of the previous annual meeting of

#### Remarks:

D. Matthew Dorny as Attorneyin-Fact for Andrew D. Lipman

05/19/2004

\*\* 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.	