FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

Washington,	D.C.	20549

wasnington,	D.C. 20	549	

OMB AP	OMB APPROVAL									
OMB Number:	3235-0362									
III.										

1.0

Estimated average burden hours per response:

	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\Box	Form 3 Holdings Reported.

Form 4	Transactions F	eported.	File	ed pursuant to or Section					rities Excha ompany Ac								
1. Name and Address of Reporting Person* HUNT M TRUMAN			2. Issuer Name and Ticker or Trading Symbol NU SKIN ENTERPRISES INC [NUS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
HONT W TROWAN			[]					'	X	Direc	ctor		10%	Owner			
(Last)	(Fir	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011						Year)	X	X Officer (give title below) President			belo	r (specify w)	
		ERPRISES, INC	•											Tresia	cin o	COLO	
75 WEST	Γ CENTER	STREET		4 1/ 4					1.04 .1.05		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	:		1: //0		(6)	A P 11
(Street)	רט	. 8	4601	4. If Amen	ament	, Date	of Orig	inai File	ed (Month/D	ay/ Year		ine) X	Form	n filed by O	ne Re	porting Pe	
(City)	(Sta	ate) (2	Zip)	-	Form filed by More than One Reporting Person												
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Benefici	ially	Owne	ed			
Date (Month/Day/Year)		Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquire Of (D) (Instr. 3, 4 and			or Disposed	Securiti Benefic		ies Ow cially For		ership 1: Direct	7. Nature of Indirect Beneficial Ownership				
			(wonting ay/rear)				Amoui	nt	(A) or (D) Price		Issuer's				ect (I)	(Instr. 4)	
Class A C	Common Sto	ck	12/08/2011		G		3	18	3,000	D	\$0		139,785		D		
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
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)	eution Date, Transaction of Exp Code (Instr. Derivative (Mo			Expir	te Exercisable and ration Date th/Day/Year) The control of the co			nt of ities lying ative ity (Instr. 3	8. Price of Derivative Security (Instr. 5)				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownershi (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

Remarks:

Clayton A. Jones as Attorneyin-Fact for M. Truman Hunt

02/14/2012

** 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.