Edgar Filing: WOODBURY EDWINA D - Form 4

WOODBUR	Y EDWINA E)									
Form 4	_										
June 15, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check the	is box		vvas	sington,	, D.C. 20	347				January 31,	
if no long		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1)			SECUR						iverage	
Form 4 o									burden hours per response 0.5		
Form 5	Filed p	oursuant to	Section 1	6(a) of th	e Securit	ies E	xchang	e Act of 1934,	·		
obligation may cont				•	•	· ·		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type I	Responses)										
(I fint of Type I	(copolises)										
1. Name and Address of Reporting Person [*] 2. Issuer				r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
			Symbol	Ŭ				Issuer			
			-	SKIN ENTERPRISES INC							
			[NUS]					(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Da			Date of Earliest Transaction				_X_ Director10% Owner			
(Mont			(Month/E	Ionth/Day/Year)				Officer (give title Other (specify below) below)			
C/O NU SKIN ENTERPRISES,			06/13/2018					below)	DCIOW)		
INC., 75 W	EST CENTER	STREET									
(Street) PROVO, UT 84601			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
PROVO, U	1 84001							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if	1				Securities	Form: Direct	Indirect		
(Instr. 3) any (Month/Day/Yea			Dav/Vaan)	Code (Instr. 3, 4 and 5) $(1 + 1)$				Beneficially		Beneficial	
		(IVIOIIIII/)	Day/rear)	(Insu. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported		· · · ·	
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(111su. 5 and 4)			
Class A					c (1)		\$	6.0.60	-		
Common	06/13/2018			А	6 <u>(1)</u>	А	¥1.98	6,860	D		
Stock											

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisable ofNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

5

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
WOODBURY EDWINA D C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET PROVO, UT 84601	х				
Signatures					
Gregory Belliston as Attorney-in-Fact Woodbury	a D.		06/15/2018		
<u>**</u> Signature of Reporting Pers			Date		

Explanation of Responses:

- * 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).
- (1) These shares were acquired through a dividend reinvestment under the Company's Deferred Compensation Plan in accordance with the Plan's terms.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.