## Edgar Filing: NU SKIN ENTERPRISES INC - Form 4

NU SKIN ENTE Form 4 May 12, 2014	ERPRISES IN	IC									
FORM 4		PPROVAL									
-	UNITED	STATES		RITIES A shington,	N OMB Number:	3235-0287					
Check this box if no longer subject to Section 16. Form 4 or	STATEM			WNERSHIP OF	Estimated burden hou response	urs per					
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> LUND STEVEN			2. Issuer Name <b>and</b> Ticker or Trading Symbol			-	5. Relationship of Reporting Person(s) to Issuer				
		NU SKIN ENTERPRISES INC [NUS]				(Check all applicable)					
(Last)	3. Date of Earliest Transaction (Month/Day/Year)				X Director X Officer (given the second seco	ve title Oth	% Owner her (specify				
C/O NU SKIN E INC., 75 WEST		05/12/2014			below) below) Exec. Chairman of the Board						
	4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
PROVO, UT 84					Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		Date, if TransactionA Code D		4. Securit nAcquired Disposed (Instr. 3,	(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)				
	. 1	c 1 1	C								
Reminder: Report or	n a separate line	for each cl	ass of sec	urities benef	-		or indirectly. spond to the colle	ction of S	SEC 1474		
information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.											
	Tabl					sposed of, or convertible	Beneficially Owner securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou	nt of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securi	ties

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Acq or D (D)	urities uired (A) Disposed of tr. 3, 4, 5)	·		(Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 77.65	05/12/2014		A		12,500	05/12/2014	07/15/2020	Class A Common Stock	12,500

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LUND STEVEN C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET PROVO, UT 84601	Х		Exec. Chairman of the Board				
Signatures							
Clayton A. Jones as Attorney-in-Fact f	05/12/2014						
**Signature of Reporting Person			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).

On July 15, 2013, the reporting person was granted an option to purchase 50,000 shares of Class A Common Stock. The options vest in
(1) four equal tranches based on Nu Skin Enterprises, Inc.'s satisfaction of certain performance criteria. On May 12, 2014, the performance criteria for the first tranche were met, resulting in the vesting of the option as to 12,500 shares.

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.