Edgar Filing: Ussery David D. - Form 4

| Form 4 | | | | | | | | | | | |
|--|---|---------------------------------------|--------|--|------------|------------------------|---------------------------------------|---|--|--------|--|
| February 28, FORM | | | | | | | | | omb af | PROVAL | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 | CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | Estimated a burden hou response | | | | |
| obligation may cont <i>See</i> Instru 1(b). | ns inue. Section 17 | (a) of the | | ility Hold | ding Con | npany | Act of | 1935 or Section | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Ussery David D. Symbol | | | Symbol | Issuer Name and Ticker or Trading nbol J SKIN ENTERPRISES INC | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | [NUS] | | | | | (Check all applicable) | | | | | |
| | | | | of Earliest Transaction /Day/Year) /2011 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| DROVO U | (Street) | Filed(Month | | | | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| PROVO, UT | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative | Secur | ities Acq | uired, Disposed of | | • | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | Execution any | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Class A Common Stock | 02/24/2011 | | | S | 2,100 | D | \$ 32.48 | 6,700 | D | | |

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)

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exer | | 7. Titl | | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|------------|---------|------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | Date | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Under | rlying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | . 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | 2 | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | ., | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | | Date | Title | Number | | |
| | | | | | | | Date | 0 | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | | | | | | | | |

Edgar Filing: Ussery David D. - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|----------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Ussery David D. C/O NU SKIN ENTERPRISES, INC. 75 WEST CENTER STREET PROVO, UT 84601 | Х | | | | | | |
| Signatures | | | | | | | |
| Clayton Jones as Attorney-in-Fact for l Ussery | David D. | | 02/28/20 | 011 | | | |
| **Signature of Reporting Person | | | Date | | | | |
| Explanation of Respon | neae. | | | | | | |

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).

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.