FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** 

- 1										
	OMB Number:	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	ee Instruction '	10.																		
Name and Address of Reporting Person*     Gruber Desiree						2. Issuer Name <b>and</b> Ticker or Trading Symbol Beauty Health Co [ SKIN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gruber										Director			10% Owner							
(Last) (First) (Middle) C/O THE BEAUTY HEALTH COMPANY						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2024								Officer (give title Other (specify below) below)						
2165 SPI	4. If /	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
									•		•			Line)		,		,		
(Street)	TACH C		0006											Form filed by One Reporting Person						
LONG B	0806											Form filed by More than One Reporting Person								
(City)	(St	ate) (2	Zip)																	
		Table	I - Noi	n-Deriva	tive \$	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					4 and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	9	Transa	ction(s) 3 and 4)			(111511. 4)	
Class A Common Stock 11/20/20						024			S		14,663	D	\$1.:	5019 11		9,514	1	D		
		Tai									osed of, convertib				Owned	d				
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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of virtuity of price of service of ser		y O F D O (I)	0. Iwnership orm: irect (D) r Indirect ) (Instr. 4)	Benefici Ownersh ct (Instr. 4)	
						e V (A) (D		(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares							

**Explanation of Responses:** 

Remarks:

/s/ Desiree Gruber

11/21/2024

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).