| SEC For | rm 4 | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------------------|--|--|----------|---|----------------|---------------|-----------------|-------------------------------------|---|--|---------------------------------|--|---------------------------------------|--|
| FORM 4 UNITED STA | | | | STAT | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | TOF CHANGES IN BENEFICIAL OWNERS | | | | | | | | | Estima | Numbe ated av per res | erage burder | 3235-0287 n 0.5 | |
| 1. Name and Address of Reporting Person [*] <u>Woo Liyuan</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Beauty Health Co</u> [SKIN] | | | | | | | | elationship o eck all applic Director | able) | g Pers | on(s) to Issi 10% Ov Other (s | <i>i</i> ner | |
| (Last) (First) (Middle) C/O THE BEAUTY HEALTH COMPANY 2165 SPRING STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021 | | | | | | | | A below) below) Chief Financial Officer | | | | specity | |
| (Street) LONG BEACH CA 90806 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | |
| (City) | (State) (Zip) | | | | | | | | | | 1 010011 | | | | | | | |
| | | Та | ble I - Non | -Deriva | tive S | ecuritie | s Ac | cquired, C | Dispos | ed o | of, or Ber | neficiall | y Owned | | | | | |
| Date | | | | 2. Transa Date (Month/D | Execution Date | | Code (In | tion Dis | | | tr. 3, 4 and | Beneficia Owned F Reported | s Form ally (D) of ollowing (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | V Am | ount | (A) or (D) | Price | Transacti (Instr. 3 a | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Cod | nsaction le (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exe Expiration I (Month/Day | Date | of Securities | | es J Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | le V | (A) | (D) | Date Exercisable | Expira Date | tion | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Stock Options (right to buy) ⁽¹⁾ | \$12.85 | 05/06/2021 | | A | | 744,000 | | (1) | 05/06/2 | 031 | Common Stock | 744,000 | \$0.00 | 744,00 | 00 | D | | |

Explanation of Responses:

1. Represents a grant of stock options under The Beauty Health Company 2021 Incentive Award Plan. Subject to accelerated vesting in certain circumstances, twenty-five percent (25%) of the stock options are scheduled to vest on each of the first four anniversaries of May 6, 2021, as long as the reporting person remains in the service of The Beauty Health Company through the applicable vesting date.

Remarks:

<u>/s/ Liyuan Woo</u>

** Signature of Reporting Person

05/10/2021

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.