

OMB APPROVAL	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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. Name and Address of Reporting Person* <u>LCP Edge Holdco LLC</u>  (Last) (First) (Middle) <u>C/O LCP EDGE HOLDCO, LLC</u> <u>150 NORTH RIVERSIDE PLAZA, SUITE 5100</u>  (Street) <u>CHICAGO IL 60606</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Beauty Health Co [ SKIN ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/07/2023</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	
Rule 10b5-1(c) Transaction Indication  <input type="checkbox"/> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock	07/07/2023		J <sup>(1)</sup>		3,207,261	D	\$0.00	33,360,741	I	See Footnote <sup>(2)</sup>

**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 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 (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
LCP Edge Holdco LLC  
 (Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100  
 (Street)  
CHICAGO IL 60606  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Linden Capital III LLC  
 (Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100  
 (Street)  
CHICAGO IL 60606  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*

Linden Manager III LP

(Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100

(Street)  
CHICAGO IL 60606

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

LINDEN CAPITAL PARTNERS III LP

(Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100

(Street)  
CHICAGO IL 60606

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

LINDEN CAPITAL PARTNERS III-A LP

(Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100

(Street)  
CHICAGO IL 60606

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

DAVIS ANTHONY B.

(Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100

(Street)  
CHICAGO IL 60606

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

Miller Brian Christopher

(Last) (First) (Middle)  
C/O LCP EDGE HOLDCO, LLC  
150 NORTH RIVERSIDE PLAZA, SUITE 5100

(Street)  
CHICAGO IL 60606

(City) (State) (Zip)

**Explanation of Responses:**

1. The reported securities were distributed by LCP Edge Holdco, LLC to certain of its unitholders for no consideration.

2. The reported securities are directly held by LCP Edge Holdco, LLC. Linden Capital III LLC is the general partner of Linden Manager III LP, which in turn is the general partner of both Linden Capital Partners III LP and Linden Capital Partners III-A LP, which are the controlling stockholders of LCP Edge Holdco, LLC. As the members of a limited partner committee of Linden Capital III LLC that has the power to vote or dispose of the shares directly held by LCP Edge Holdco, LLC, Brian Miller and Anthony Davis may be deemed to have shared voting and investment power over such shares. Each of the reporting persons disclaim beneficial ownership of the reported securities except to the extent of such reporting person's pecuniary interest therein.

**Remarks:**

LCP Edge Holdco, LLC, /s/ 07/07/2023  
Brian Miller, President

Linden Capital III LLC, /s/ 07/07/2023  
Brian Miller, Managing

<u>Partner</u>	
<u>Linden Manager III LP, /s/</u>	
<u>Brian Miller, Managing</u>	<u>07/07/2023</u>
<u>Partner</u>	
<u>Linden Capital Partners III</u>	
<u>LP, /s/ Brian Miller,</u>	<u>07/07/2023</u>
<u>Managing Partner</u>	
<u>Linden Capital Partners III-A</u>	
<u>LP, /s/ Brian Miller,</u>	<u>07/07/2023</u>
<u>Managing Partner</u>	
<u>Anthony Davis, /s/ Brian</u>	
<u>Miller, Attorney-in-Fact</u>	<u>07/07/2023</u>
<u>Brian Miller, /s/ Brian Miller</u>	<u>07/07/2023</u>

\*\* Signature of Reporting Person      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.**