FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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>Carnell Clinton E.</u>	2. Date of Event Requiring Statement (Month/Day/Year) 05/04/2021	3. Issuer Name and Ticker or Trading Symbol Beauty Health Co [ SKIN ]				
(Last) (First) (Middle) C/O THE BEAUTY HEALTH COMPANY 2165 SPRING STREET		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give Other (specify below)  Chief Executive Officer		File 6. I (Cr	5. 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	
(Street) LONG BEACH  (City) (State) (Zip)	_	Cinci Excedive	Officer			by More than One Person
Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership 4. Nature of		ature of Indire ership (Instr.	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						
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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	d 3. Title and Amount of Se Underlying Derivative Se (Instr. 4)	curity Conv	ersion ercise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

Remarks:

No securities are beneficially owned.

<u>/s/ Clinton E. Carnell</u> <u>05/10/2021</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 5 (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.