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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

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.

1. Name and Address of Reporting Person * <u>Shanghai Fosun Pharmaceutical (Group) Co., Ltd.</u> (Last) (First) (Middle) BUILDING A, NO. 1289 YISHAN ROAD (Street) SHANGHAI F4 200233 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>NATURES SUNSHINE PRODUCTS INC [NATR]</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) 06/27/2025	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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			
Common Stock	06/27/2025		s ⁽¹⁾		2,854,607	D	\$11.46	0	I	by Fosun Pharma USA Inc. ⁽²⁾
Common Stock								64,167	I	by Fosun Industrial Co., Limited ⁽³⁾

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 * <u>Shanghai Fosun Pharmaceutical (Group) Co., Ltd.</u> (Last) (First) (Middle) BUILDING A, NO. 1289 YISHAN ROAD (Street) SHANGHAI F4 200233 (City) (State) (Zip)		
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1. Name and Address of Reporting Person *

[Fosun Pharma USA Inc.](#)

(Last) (First) (Middle)

104 CARNEGIE CENTER DRIVE

SUITE 204

(Street)

PRINCETON NJ 08540

(City) (State) (Zip)

Explanation of Responses:

1. The shares were sold pursuant to that certain Underwriting Agreement, dated June 25, 2025, among Fosun Pharma USA Inc., the Issuer, and the underwriter party thereto.
2. Fosun Pharma USA Inc. is a wholly-owned subsidiary of Shanghai Fosun Pharmaceutical (Group) Co., Ltd.
3. Fosun Industrial Co., Limited is a wholly-owned subsidiary of Shanghai Fosun Pharmaceutical (Group) Co., Ltd.

[Shanghai Fosun Pharmaceutical
\(Group\) Co., Ltd. By: /s/ Yuqing
Chen, Chairman](#) [06/27/2025](#)

[Fosun Pharma USA Inc. By: /s/
Yuqing Wang, Chief Financial
Officer](#) [06/27/2025](#)

** 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.