FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject
\neg	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

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Name and Address of Reporting Person* Kerrick Michelle C.						2. Issuer Name and Ticker or Trading Symbol Beauty Health Co [SKIN]								(Ch	Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner					
					2 Date	o of C	- 0 411 0 04	Trans	nastian (A	lonth	/Day /\/aar\			- 4				10% Ov		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/07/2023									Office below	er (give title v)		Other (s below)	specify	
C/O THE BEAUTY HEALTH COMPANY						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
2165 SPRING STREET					07/07/2023								Line							
(Street)															Form filed by More than One Reporting Person					
LONG E	BEACH CA	1 9	0806		Dula 4015 4(2) Tra															
-					Rule 10b5-1(c) Transaction Indication															
(City)	(City) (State) (Zip)				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	- No	n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	ılly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execut y/Year) if any		Deemed ution Date, / th/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,			Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)				
Class A Common Stock 07/07/2						2023			J ⁽¹⁾		6,778(2)	A ⁽¹⁾ (1)		38	38,228(2)		D			
	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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)			rative rities iired r osed)	es d		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		5 (1	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	ber						

Explanation of Responses:

- 1. The reported securities were received in a distribution by LCP Edge Holdco LLC in respect of the reporting person's membership interest in LCP Edge Holdco LLC.
- 2. The original Form 4, filed on July 7, 2023 (the "Original Form 4"), is being amended by this Form 4 amendment solely to correct an administrative error, which misstates the number of shares (by one (1) share) the reporting person received as part of a distribution of 6,778 shares of the issuer's Class A Common Stock rather than 6,779 shares as previously reported on the Original Form 4. As such, the amount of securities beneficially owned by the reporting person to account for the administrative error is 38,228.

Remarks:

/s/ Michelle C. Kerrick

07/18/2023

** 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.