FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						,	resument company Act of 1340				
1. Name and Address Aure Carl	of Reporting Person*			of Event Requir nt (Month/Day/ 1021			Name <b>and</b> Ticker or Trading Symb <u>intage Corp</u> [ LFVN ]	ol			
(Last) 3300 N. TRIUMP SUITE 700  (Street) LEHI (City)	(First) PH BLVD  UT (State)	(Middle) 84043 (Zip)					onship of Reporting Person(s) to Iss Il applicable) Director Officer (give title below) Chief Financial Of	10% Owner Other (specify	-	6. Individual or Joint/Gro	original Filed (Month/Day/Year)  up Filing (Check Applicable Line)  one Reporting Person  ore than One Reporting Person
Table I - Non-Derivative Securities Beneficially Owned											
				2. Amount Owned (In	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		1. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expire (Mont		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlyi Security (Instr. 4)		ying Derivative	4. Conversio or Exercis	e or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Expiration Date		Title		Amount or Number of Shares	Price of Derivative Security	(Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Carl Aure

\*\* Signature of Reporting Person

11/03/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> 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).

POWER OF ATTORNEY

OF ATTORNEY

Know all by these presents that the undersigned hereby constitutes and appoints, Alissa Neufeld and Steven R. Fife, with full power of si
(1) prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the U.S. Securities and Exchange Commis:
(2) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of LifeVantage Corporat:
(3) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute at take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorneys-in-fact, may the undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 2nd day of November, 2021.

/s/ Carl Aure Carl Aure