|--|

Check this box if no	
longer subject to Section	
16. Form 4 or Form 5	

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act See Instruction 1(b). of 1940

(Print or Type Responses)												
1. Name and Address of Repo Cavanaugh John Francis		2. Issuer Name and T NATURAL HEAL		~ .		IP]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) C/O NATURAL HEALT DIPLOMAT DRIVE			. Date of Earliest Tran 9/25/2007	saction (Mon	th/Day	/Year)			X Officer (give title below) Other (specify below) President of MarketVision Comm			
(Street) DALLAS, TX 75234			. If Amendment, Date	Original File	d(Monti	h/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)				(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)	Ownership of Indire Form: Benefici	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		09/25/2007		S		189	D	\$ 2.0564	307,673	D		
Common Stock		09/25/2007		S		5,506	D	\$ 2.07	302,167	D		

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

Persons who respond to the collection of information contained in this SEC 1474 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)																
1.	. Title of	2.	3. Transaction	3A. Deemed	4. Transaction	n ź	5. Number	of	6. Date Exe	cisable	7. Titl	e and Amount of	8. Price of	9. Number of	10.	11. Nature
D	erivative	Conversion	Date	Execution Date, if	Code	I	Derivative		and Expirati	on Date	Under	lying Securities	Derivative	Derivative	Ownership	of Indirect
S	ecurity	or Exercise	(Month/Day/Year)	any	(Instr. 8)	5	Securities	Acquired	(Month/Day	/Year)	(Instr.	3 and 4)	Security	Securities	Form of	Beneficial
(I	nstr. 3)	Price of		(Month/Day/Year)		(	(A) or Dis	posed of					(Instr. 5)	Beneficially	Derivative	Ownership
		Derivative					(D)								Security:	(Instr. 4)
		Security				(	(Instr. 3, 4	, and 5)							Direct (D)	
									Date	Emination		Amount or Number		· F · · · · ·	or Indirect	
									Exercisable	Data	Title	Amount or Number of Shares		Transaction(s)	(I)	
					Code V	V	(A)	(D)	Exercisable	Date		of shares		(Instr. 4)	(Instr. 4)	

### **Reporting Owners**

	Demonstration Operation Names / Address	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
2	Cavanaugh John Francis C/O NATURAL HEALTH TRENDS CORP. 1050 DIPLOMAT DRIVE DALLAS, TX 75234			President of MarketVision Comm				

# Signatures

/s/ Gary C. Wallace	09/26/2007	
Signature of Reporting Person	Date	

# **Explanation of Responses:**

\* 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).

#### **Remarks:**

The shares covered by this Form 4 were sold pursuant to a Rule 10b5-

1(c) sales plan dated September 12, 2007, to cover withholding taxes due upon vesting of shares of restricted stock granted under Natural Health Trends Corp.'s 2007 Equity Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.