FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject 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 or Section 30(h) of the Investment Company Act of 1940

						01 001	011011 00(11) or tire	1114631111	ciii oc	inpany Act o	1 1340								
1. Name and Address of Reporting Person* MASON RANDALL A					NA	2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [NHTC]									ationship of R k all applicabl Director		g Person(. ,	er Owner	
(Last)	(First	`	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2023										Officer (give title below)				Other (specify below)	
UNITS 1205-07, 12/F, MIRA PLACE TOWER A 132 NATHAN ROAD, TSIMSHATSUI				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) KOWLOON, HONG KON	' K 5	C	0000000000											Form filed	d by Mo	ore than O	ne Repoi	ting Person		
(City)	(State	e) (2	Zip)																	
		T	able I - N	lon-De	rivati	ve S	ecuriti	es Ac	quirec	d, Dis	sposed of	, or Bene	ficial	lly O	wned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		Execution Date, ear) if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owne Following Reporte		vned d			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4))	
Common Stock 0				02/07	/07/2023				M		1,667	A	(1)		230,501		D			
Common Stock			02/07	7/2023				D		1,667	D	\$4.7	76	228,834	4 Γ					
Common Stock															23,899		I		By Marden Rehabilitation Associates, nc.	
			Table II								osed of, convertible			Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/	Date, T	ransact		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				ate	7. Title and Amount Securities Underlyin Derivative Security (3 and 4)		ing	8. Price of Derivative Security (Instr. 5)	derivat Securi Benefi Owned Follow Report	Number of rivative curities eneficially wned illowing eported ansaction(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)	
				c	ode	v	(A) (D)		Date Exerc	isable	Expiration Date	Title	or Nu	nount mber Shares		(Instr.				
Phantom Stock	(1)	02/07/2023			A		13,333		(2	2)	(2)	Common Stock	13	3,333	\$0	13,	,333	D		
Phantom Stock	(1)	02/07/2023			M			1,667	02/07	/2023	02/07/2023	Common Stock	1	,667	(1)	11,	,666	D		

Explanation of Responses:

- 1. Each phantom share entities the holder to receive a cash payment equal to the fair market value of one share of NHTC common stock on the applicable vesting date, subject to satisfaction of the applicable vesting conditions and a maximum payment value of \$12.00 per phantom share.
- 2. The phantom shares vest in eight (8) equal three-month increments, subject to the satisfaction of both a time-based and a performance-based vesting condition. See the Company's Current Report on Form 8-K filed February 9, 2023.

/s/ Timothy S. Davidson, by Power 02/09/2023 of Attorney

** 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.