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

Name and Address of Reporting Person* CHAN YIU TUNG				- 1	2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [NHTC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(First)	•	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2023									Officer (gi below)	ive title		Other (s below)		
UNITS 1205-07, 12/F, MIRA PLACE TOWER A 132 NATHAN ROAD, TSIMSHATSUI				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) KOWLOON, HONG KON		0	000000000											Form filed by More than One Reporting Person					
(City)	(State	·) (2	Zip)																
		Т	able I - Non	-Derivati	ive S	ecuriti	es Acq	uired, D	isp	osed of	, or Benef	iciall	y Ow	ned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following I	y Owned or Reported (In:		nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Pric	e	Transaction (Instr. 3 and				(Instr. 4)	
Common Stock				02/07/20)23			M		1,296	5 A		(1)	1,296			D		
Common Stock				02/07/20	07/2023			D		1,296	5 D	\$	4.76	0			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)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any Code (Insce of invative (Month/Day/Year) 8)					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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nun	ount nber hares		(Instr. 4)	011(5)			
Phantom Stock	(1)	02/07/2023		A		10,370		(2)		(2)	Common Stock	10	,370	\$0	10,37	0	D		
Phantom Stock	(1)	02/07/2023		М			1,296	02/07/2023	d	2/07/2023	Common Stock	1,	296	(1)	9,074	4	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.