## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

purchase or sale of issuer that is intender affirmative defense of 10b5-1(c). See Instr	conditions of Rule						
1. Name and Address MASON RAN	of Reporting Person <sup>*</sup> DALL A		2. Issuer Name and Ticker or Trading Symbol <u>NATURAL HEALTH TRENDS CORP</u> [ NHTC ]		tionship of Reporting Person(s all applicable) Director	) to Issuer 10% Owner	
(Last)	t) (First) (Middle) ITS 1205-07, 12/F, MIRA PLACE TOWER A		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023		Officer (give title below)	Other (specify below)	
· · · · · · · · · · · · · · · · · · ·	DAD, TSIMSHATSU		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) KOWLOON, HONG KONG	K3	000000000			Form lifed by More than On	e Reporting Person	
(City)	(State)	(Zip)					

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr.
			Code	v	Amount	(A) or (D)	Price	<ul> <li>Transaction(s) (Instr. 3 and 4)</li> </ul>		4)
Common Stock	09/15/2023		М		1,667	A	(1)	230,501	D	
Common Stock	09/15/2023		D		1,667	D	\$5.4	228,834	D	
Common Stock								23,899	I	By Marden Rehabilitation Associates, Inc.

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Stock	(1)	09/15/2023		М			1,667	09/15/2023	09/15/2023	Common Stock	1,667	(1)	8,332	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.

## /s/ Timothy S. Davidson, by Power of Attorney 09/18/2023

Date

\*\* Signature of Reporting Person

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

 $^{\ast}$  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.