UNITED STATES SECURITIES AND EXCHANGE COMMISSION Workington DC 20540

| Washington, DC 20549 | | Expires:October 31, 2018 Estimated average burden hours per response2.50 | | | |
|----------------------|--|--|---|---------------------------|-----------------------------|
| | FORM 12b | SEC FILE NUMBER | | | |
| | NOTIFICATION OF LA | 001-36849 | | | |
| | | | | CUSIP NUMBER 63888P406 | |
| (Check one): | ☑ Form 10-K☐ Form 20-F☐ Form N-CSR | □ Form 11-K | □ Form 10-Q | □ Form 10-D | □ Form N-SAR |
| | _ | ecember 31, 2017 | | | |
| | ☐ Transition Report on Form 10-K | | | | |
| | ☐ Transition Report on Form 20-F | | | | |
| | □ Transition Report on Form 11-K□ Transition Report on Form 10-Q | | | | |
| | ☐ Transition Report on Form N-SAR | | | | |
| | For the Transition Period Ended: | | | | |
| | Read Instruction (on bac | k page) Before Prepa | ring Form. Please F | Print or Type. | |
| No | thing in this form shall be construed to in | ply that the Commis | ssion has verified a | ny information contai | ined herein . |
| If the notification | on relates to a portion of the filing checked a | bove, identify the iter | m(s) to which the no | otification relates: | |
| | REGISTRANT FORMATION | | | | |
| Natural Health | Trends Corp. | | | | |
| Full Name of R | Legistrant | | | | |
| Former Name i | f Applicable | | | | |
| 509 Deep Valle | ey Drive, Suite 395 | | | | |
| Address of Prin | ncipal Executive Office (Street and Number) | | | | |
| Rolling Hills E | states, California 90274 | | | | |
| City, State and | Zip Code | | | | |
| PART II - F | RULES 12B-25(b) AND | | | | |
| | eport could not be filed without unreasonable poleted. (Check box if appropriate) | e effort or expense ar | nd the registrant see | eks relief pursuant to R | ule 12b-25(b), the followin |
| (a) | The reasons described in reasonable detail | l in Part III of this for | m could not be elim | inated without unreaso | nable effort or expense; |
| (b) | The subject annual report, semi-annual re CSR, or portion thereof, will be filed on or quarterly report or transition report on For before the fifth calendar day following the | r before the fifteenth om 10-Q or subject dis | calendar day followi tribution report on F | ng the prescribed due of | late; or the subject |
| (c) | The accountant's statement or other exhib | oit required by Rule 12 | 2b-25(c) has been at | tached if applicable. | |

OMB APPROVAL

OMB Number:....3235-0058

PART III -- NARRATIVE

State below in reasonable detail why Forms 10-K, 20-F, 11-K, 10-Q, 10-D, N-SAR, N-CSR, or the transition report or portion thereof, could not be filed within the prescribed time period.

SEC 1344 (04-09) 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 control number.

Natural Health Trends Corp. (the "Company") is unable to file its Annual Report on Form 10-K for the year ended December 31, 2017 by the due date of March 16, 2018, as management has not yet completed its assessment of the Company's internal control over financial reporting as of December 31, 2017; accordingly, the Company's independent registered accounting firm, who is auditing the Company for the first time, has not yet completed its integrated audit. The Company anticipates that its Annual Report on Form 10-K for the year ended December 31, 2017 will be filed prior to the extension date of April 2, 2018. The Company currently does not expect to report any changes to its financial results from those previously included in its earnings release issued on February 14, 2018 announcing the Company's results for the quarter and year ended December 31, 2017.

(Attach Extra Sheets if Needed)

| PART IV | OTHER |
|---------|-------------|
| | INFORMATION |

| (1) | Name and telephone number of person to con- | _ | | | | | |
|------------------------|---|---|---|--|--|--|--|
| | Timothy S. Davidson | (310) | | 541-0888 | | | |
| | (Name) | (Area Code) | 1 | (Telephone Number) | | | |
| (2) | Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s). Yes \boxtimes No \square | | | | | | |
| (3) | Is it anticipated that any significant change in results of operations from the corresponding period for the last fiscal year will be reflected by the earnings statements to be included in the subject report or portion thereof? | | | | | | |
| | Yes □ No ⊠ | | | | | | |
| | attach an explanation of the anticipated change, e results cannot be made. | both narratively and quantit | tatively, and, if appropria | ite, state the reasons why a reasonable estim | | | |
| risks from the r | : This Form 12b-25 contains "forward-looking s and uncertainties. There can be no assurance those suggested by the forward-looking stateme isks and uncertainties that attend such statement flect events or circumstances after the date any s | that these forward-looking nts. Therefore, the forward- s. The Company makes no c | statements will be achie looking statements in this | wed, and actual results could differ materic s Form 12b-25 should be considered in ligh | | | |
| | | Natural Health Trend | ds Corp. | | | | |
| | | NT CD ' | ified in Charter) | | | | |
| | (| Name of Registrant as Spec | med in charter) | | | | |
| has c | aused this notification to be signed on its behalf | | , | | | | |
| | aused this notification to be signed on its behalf | by the undersigned hereunto | , | | | | |
| has c Date | aused this notification to be signed on its behalf | by the undersigned hereunto | o duly authorized. | r Vice President/Chief Financial Officer | | | |
| Date INST of th | aused this notification to be signed on its behalf | by the undersigned hereunto By /s/ 1 Tim ecutive officer of the registrated beneath the signature. | o duly authorized. Cimothy S. Davidson Oothy S. Davidson, Senior rant or by any other duly If the statement is signe | y authorized representative. The name and ted on behalf of the registrant by an authorized | | | |