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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| nours per response | | | | | |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|---|---|---|--|--|-----------------------------|---------|---|-------------------------------|-------------------|--|--|--|---|--|--|--------------------|
| 1. Name and Address of Reporting Person * Sharng Chris Tahjiun | | | | 2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [NHTC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O NATURAL HEALTH TRENDS CORP., 609 DEEP VALLEY DRIVE, SUITE 395 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2017 | | | | | | | X Officer (give title below) Other (specify below) President | | | | | |
| (Street) ROLLING HILLS ESTATES, CA 90274 | | | 4. If Amendment, Date Original Filed(Month/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 Acqui | | | | | | Acqui | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | Title of Security 2. Transaction Date (Month/Day/Year) (Month/Day (Month/Day | | ion Date, if | if Code (Instr. 8) | | | (A) or Disposed o (D) (Instr. 3, 4 and 5) | | f Beneficial | | lly Owned Following Transaction(s) Ind 4) | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | Cr. 1 | | 01/24/2017 | | | Co A | | - | Amour 15.72 | (/ | Price \$ 0 | 474,714 | | | (Instr. 4) | |
| | | | Table II - D | | ve Securiti s, calls, wa | | t uire | conta the fo | ined i orm dis | n this for splays a of, or Ben | m are curre eficial | not req | uired to re d OMB cor | nformation espond unle ntrol numbe | ess | EC 1474 (9- 02) |
| 1. Title of | 2 | 3. Transaction | , | 4. | | | | | | cisable | T | tle and | 8 Price of | 9. Number o | of 10. | 11. Nature |
| Derivative | Conversion | Date Execution Date Month/Day/Year) any | tte, if Transaction of Code If Year) (Instr. 8) S | | | | and E | Expiration Date hth/Day/Year) | | Amo Undo Secu | ount of erlying irities r. 3 and | | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | (| Code V | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| Bernatina Orana Nama / Add | Relationships | | | | | |
|--|---------------|-----------|-----------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| Sharng Chris Tahjiun C/O NATURAL HEALTH TRENDS CORP. 609 DEEP VALLEY DRIVE, SUITE 395 ROLLING HILLS ESTATES, CA 90274 | X | | President | | | |

Signatures

| /s/ Timothy S. Davidson by Power of Attorney | 01/24/2017 |
|--|------------|
| **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).
- (1) Restricted Stock Grant

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 nu | mber. |
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