FORM 4
Check this box if no

(Print or Type P

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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Thin of Type Responses)											
1. Name and Address of I Sharng Chris Tahjiun	2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [BHIP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) C/O NATURAL HEA HUTTON DRIVE	(First) ALTH TRENDS	00DD 10001	3. Date of Earliest Transaction (Month/Day/Year) 10/31/2005						X Officer (give title below) Other (specify below) Chief Financial Officer		
DALLAS, TX 75234		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 Acquired, Disposed of, or Beneficially Owned								
Title of Security 2. Transaction Instr. 3) Date (Month/Day/Ye			Execution Date, if	3. Transact Code (Instr. 8)		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	ber	6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Expira		Expiration Date	xpiration Date		Amount of		Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivati	ve	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securitie						(Instr. 5)	~	Derivative	Ownership
	Derivative					Acquire	d			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or	1 0						0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D) (Instr. 3,	4						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and 5)	, т,	,					(11150.4)	(1130.4)	
						,					Amount				
											or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock	.	10/01/0005						(1)		Common		.	51.100		
Options	\$ 10.01	10/31/2005		А		15,000		11/01/2006(1)	10/31/2010	Stock	7,500	\$ 0	51,108	D	

Reporting Owners

Den estima Ormen Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Sharng Chris Tahjiun C/O NATURAL HEALTH TRENDS CORP. 12901 HUTTON DRIVE DALLAS, TX 75234			Chief Financial Officer					

Signatures

/s/ CHRIS SHARNG	11/03/2005	
-**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) One third of the stock options granted vest on each of November 1, 2006, 2007 and 2008.

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 number.