# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPR	OVAL
OMB	3235-
Number:	0104
Estimated aver	age
burden hours p	er
response	0.5

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

(1 fillt of Type Responses)								
1. Name and Address of Reportin		te of Event Re					~ .	
Person *	State		NA.	ATURAL	HEALTH	ΓREN	DS CORI	P [BHIP]
O BRIEN COLIN		th/Day/Year)						
	ddle)	7/2005	4. ]	Relationsh	ip of Reportin	g	5. If Amer	ndment, Date Original
C/O NATURAL HEALTH			Per	cson(s) to I	ssuer		Filed(Month	n/Day/Year)
TRENDS CORP., 2050					all applicable			
DIPLOMAT DRIVE			_X	Director Officer (gir	10% C	wner		
(Street)			title	below)	below)	specify	6 Individu	al or Joint/Group
, ,								k Applicable Line)
DALLAS, TX 76226							_X_ Form file	ed by One Reporting Person
,							Form file Person	d by More than One Reporting
(City) (State) (Z	Zip)	Tabl	e I - Non-	Derivati	ve Securitie	s Ben	eficially (	Owned
1.Title of Security		2. An	nount of Sec	curities	3.	4. Nat	ure of Indir	ect Beneficial
(Instr. 4)		Benef	ficially Owr	ned	Ownership	Owne	rship	
		(Instr	. 4)		Form: Direct	(Instr.	5)	
					(D) or			
					Indirect (I) (Instr. 5)			
	ho respond	to the collect d unless the	tion of inf	ormation	contained i	n this		SEC 1473 (7-02)
Table II - Derivative	Securities Be	eneficially Ow	ned ( <i>e.g.</i> , p	uts, calls,	warrants, opt	ions, c	onvertible	securities)
3	2. Date Exerc		3. Title and			5		6. Nature of Indirect
(Instr. 4)	Expiration Da		Securities 1					Beneficial Ownership
	(Month/Day/Year)	)	Derivative (Instr. 4)	Security	or Exerc Price of		orm of Derivative	(Instr. 5)
	D .	ln	(IIISu. 4)		Derivati		ecurity:	
	Date Exercisable	Expiration Date		Amount of	~		Direct (D)	
	Exercisable	Date	Title	Number of			r Indirect	
				Shares		(1	<i>'</i>	
						(1	Instr. 5)	
Stock Options	12/08/2005	12/07/2010	Common Stock	7,500	\$ 10.34		D	
Reporting Owner	·C							

#### Reporting Owners

Poporting Owner Name / Address		Relationsh	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
O BRIEN COLIN				
C/O NATURAL HEALTH TRENDS CORP.	X			
2050 DIPLOMAT DRIVE	Λ			
DALLAS, TX 76226				

## **Signatures**

Г	/s/ COLIN J. O'BRIEN	12/09/2005
/	S/ COLIN J. O BRIEN	12/09/2003
	**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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.