FORM	4
------	---

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

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

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

(Finit of Type Responses)										
1. Name and Address of Reporting Person Martino Anthony B	2. Issuer Name and NATURAL HEA			· ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O NATURAL HEALTH TRENI DIPLOMAT DRIVE	OS CORP., 2050	3. Date of Earliest Transaction (Month/Day/Year) 07/23/2007						Officer (give title below) O	ther (specify belo	ow)
(Street) DALLAS, TX 75234		4. If Amendment, Da	ate Original	Filed	d (Month/Day	y/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								
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Execution Date, if	Code (Instr. 8)		(A) or D	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Amount (D) Price		Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership
Common Stock	07/24/2007		A	-	3,750	. /		33,750	D	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained 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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title	of 2.	3. Transaction	3A. Deemed	4.		5. N	umber	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivat	tive Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Da	ate	Amount of		Derivative	Derivative	Ownership	of Indirect
Securit	y or Exercise	(Month/Day/Year)	any	Code		Deri	vative	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3	 Price of 		(Month/Day/Year)	(Instr. 8))	Secu	urities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acq	uired			(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A)	or						Following	Direct (D)	
						Disp	oosed						Reported	or Indirect	
						of (I	D)						Transaction(s)	(I)	
						(Ins	tr. 3, 4,						(Instr. 4)	(Instr. 4)	
						and	5)								
											Amount				
								D.	р. с. <i>с</i> .		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock Option	\$ 10 34	07/24/2007		D			7,500	12/08/2005	12/08/2010	Common Stock	7,500	<u>(1)</u>	0	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Martino Anthony B C/O NATURAL HEALTH TRENDS CORP. 2050 DIPLOMAT DRIVE DALLAS, TX 75234	х							

Signatures

/s/ Gary C. Wallace by Power of Attorney	07/25/2007
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).
- 3,750 shares of restricted stock were granted to Mr. Martino under Natural Health Trends Corp.'s 2007 Equity Incentive Plan in exchange for the issuer's cancellation under an option (1) exchange program of options to purchase 7,500 shares of common stock that had previously been granted to Mr. Martino under Natural Health Trends Corp.'s 2002 Stock Option Plan.

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.