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

| OMB APF                  | ROVAL     |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |
| hours per respor         | nse 0.5   |  |  |  |  |  |

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

| `  | pe Response  |       |  |   |   |       |  |                                     |                    |   |   |                         |   |  |             |                    |
|--|--|-------|--|---|---|-------|--|-------------------------------------|--------------------|---|---|-------------------------|---|--|-------------|--------------------|
| 1. Name and Address of Reporting Person * 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) (First) (Middle) C/O NATURAL HEALTH TRENDS CORP., 2050 DIPLOMAT DRIVE |  |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2007                   |   |       |  |                                     |                    |   | X Officer (give title below) Other (specify below) President  |                         |   |  |             |                    |
| (Street) 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 Acqui |       |  |                                     |                    |   |   |                         | ired, Disposed of, or Beneficially Owned              |  |             |                    |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y             |  |       | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)      |   | Code<br>(Instr. 8)                        | ction | tion 4. Securities Acqu<br>(A) or Disposed o<br>(D)<br>(Instr. 3, 4 and 5) |                                     | of Beneficia       |   | ally Owned Following<br>I Transaction(s)  |                         | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect | Beneficial<br>Ownership                |             |                    |
|  |  |       |  |   |   | Code  | V  | Amour                               | (A) or (D)         | Price   |   |                         |   | (I)<br>(Instr. 4)                      | (IIIsti. 4) |                    |
| Common   | Stock  |       | 12/31/2007   |   |   |       | A  |                                     | 30,000             | 0 A   | \$ 0  | 179,026                 |   |  | D           |                    |
| indirectly.  |  |       | Table II - D   |   |   |       | es Acquire   | conta<br>the fo                     | ained i<br>orm dis | n this for<br>splays a<br>of, or Ben  | m are<br>curre<br>eficial   | e not req<br>ntly valid | uired to re   | nformation<br>espond unl<br>ntrol numb | ess         | EC 1474 (9-<br>02) |
| Security   | re Conversion or Exercise Price of Derivative Security    Code   Conversion of Execution Date, if any (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 8) |       | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed | and Expiration Date (Month/Day/Year)  |   |       | Amo<br>Und<br>Secu<br>(Inst<br>4)  | Amount of crlying urities tr. 3 and |                    | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivati Security Direct ( or Indire   | Ownership<br>(Instr. 4) |   |  |             |                    |
|  |  |       |  |   | Code                                      | V     | (A) (D)  |                                     |                    |   |   | Shares                  |   |  |             |                    |
| Repor  | ting O   | wners |  |   |   |       |  |                                     |                    |   |   |                         |   |  |             |                    |
|  |  |       |  |   |   |       |  |                                     |                    |   |   |                         |   |  |             |                    |

| Described Owner Name / Add one   | Relationships |           |           |       |  |  |  |  |
|--|---------------|-----------|-----------|-------|--|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer   | Other |  |  |  |  |
| Sharng Chris Tahjiun<br>C/O NATURAL HEALTH TRENDS CORP.<br>2050 DIPLOMAT DRIVE<br>DALLAS, TX 75234 |               |           | President |       |  |  |  |  |

# **Signatures**

| /s/ Gary C. Wallace by Power of Attorney | 01/03/2008 |
|--|------------|
| **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).

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.