FORM 4	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

(Print or Type Responses)											
1. Name and Address of Reporting Cavanaugh John Francis	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) C/O NATURAL HEALTH TR CORP., 2050 DIPLOMAT DR		3. Date of Earliest Transaction (Month/Day/Year) 03/18/2008						X Officer (give title below) Other (specify below) President of MarketVision Comm			
(Street) DALLAS, TX 75234		_X_Form filed by One Rep					6. Individual or Joint/Group Filin _X_Form filed by One Reporting Person Form filed by More than One Reporting				
(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/Year)	Execution Date, if	(Instr. 8)	ction	4. Securi Acquired Disposed (Instr. 3,	d (A) of d of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature Ownership of Indirec Form: Beneficia Direct (D) Ownershi or Indirect (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)		
Common Stock	03/18/2008		S		3,243 (1)	D	\$ 0.71	316,424	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 (9contained 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.		3A. Deemed	4.		lumbe	r 6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	1 of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of	of (D)						Transaction(s)	(I)	
					(Instr. 3,							(Instr. 4)	(Instr. 4)	
					4, and 5)									
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Cavanaugh John Francis C/O NATURAL HEALTH TRENDS CORP. 2050 DIPLOMAT DRIVE DALLAS, TX 75234			President of MarketVision Comm							

Signatures

/s/ Gary C. Wallace by Power of Attorney 03/18/2008

**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).

(1) These shares were sold pursuant to a Rule 10b5-1(c) sales plan dated September 12, 2007, to cover withholding taxes due upon vesting of shares of restricted stock granted under Natural Health Trends Corp.'s 2007 Equity Incentive 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.