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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
nours per respon	se 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

(Print or Typ	e Response	s)														
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) 03/16/2009							X Officer (give title below) Other (specify below) President					
(Street)			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						
DALLAS,	, 1X /523	(State)	(T:)													
(City)		(State)	(Zip)		'	Tal	ole I - Non-	Deriv	vative S	ecurities .	Acqui	red, Disp	osed of, or l	Beneficially (Owned	
1.Title of Se (Instr. 3)	Instr. 3) Da		2. Transaction Date (Month/Day/Year)	any	eemed tion Dat h/Day/Y		Code (Instr. 8)		(A) or (D) (Instr.	3, 4 and 5) (A) or	of)	Beneficia	nt of Securities Illy Owned Following Transaction(s) and 4)		or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Ctools		03/16/2009				Code	V	Amour 20.00	_ ` ′	Price \$ 0	284,498			(Instr. 4)	
indirectly.			Table II - D					conta the fo d, Dis	ained i orm dis	n this for splays a of, or Ben	rm are curre eficial	not req	uired to re	formation espond unle ntrol numbe	ess	EC 1474 (9- 02)
1. Title of	2.	3. Transaction	`	4			5. Number					itle and	8. Price of	9. Number o	f 10.	11. Nature
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Y		C	Code (ear) (Instr. 8)			and Expiration Date (Month/Day/Year)			Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
					Code	V	(A) (D)	Date Exer	cisable	Expiration Date	n Title	Amount or Number of Shares				
Repor	ting O	wners														

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

Signatures

/s/ Gary C. Wallace by Power of Attorney	03/17/2009
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.