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

OMB APPROVAL						
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Estimated average burden						
ours per response						

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 Ty	pe Response	s)													
Name and Address of Reporting Person * Wallace Gary C				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) General Counsel					
(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	, TX 7523	4								-	Form file	ed by More than	One Reporting P	erson	
(City)		(State)	(Zip)		Tab	ole I - No	n-Deri	ivative Se	curities	Acquii	red, Disp	osed of, or l	Beneficially (Owned	
(Instr. 3)		. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Oate, if	Code (Instr. 8	nstr. 8) (D) (Instr. 3, 4 and 5) (A) or		of	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following a(s)	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock	0	3/16/2009			A		5,000	A	\$ 0	102,118			D	
			Table II - D	Derivative So			cont the f	tained in form dis	this for plays a	rm are curre neficial	not req	uired to re	nformation espond unle ntrol numbe	ess	C 1474 (9- 02)
Security (Instr. 3)	Conversion		Execution Data th/Day/Year) any	ate, if Transaction Code Year) (Instr. 8)		of ar		and Expiration Date (Month/Day/Year)		7. Ti Amo Unde Secu	tle and bunt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	
				Code	e V	(A) (D		e I rcisable I	Expiratio Date	n Title	Amount or Number of Shares				
Repor	ting O	wners													

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Wallace Gary C C/O NATURAL HEALTH TRENDS CORP. 2050 DIPLOMAT DRIVE DALLAS, TX 75234			General Counsel					

Signatures

/s/ Gary C. Wallace	ry C. Wallace				
**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.