# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 0.5				

Check this box if no 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

	Responses)										
2. Issuer Name <b>and</b> Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [BHIP]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
3. Date of Earliest Transaction (Month/Day/Year) 03/16/2009			-	Office	r (give title belo	w) O	her (specify be	ow)			
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							
Tal	(State) (Zip)	Γable I -	- Non-l	Derivative	Securities	Acqui	red, Disp	osed of, or I	Beneficially C	wned	
med on Date, it Day/Year	Date (Month/Day/Year) any	e, if Co	(Instr. 8) (D) Reporte		Beneficia Reported			Ownership form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		(	Code	V Amo	unt (A) or (D)	Price			`	() Instr. 4)	
	tock 03/16/2009		A	15,0	00 A	\$ 0	86,563		I	)	
			c	contained he form	in this fo	rm are	not req	d OMB cor	formation spond unle trol numbe	ss	C 1474 (9- 02)
	Table II - Deriv (e.g.,				d of, or Ben ertible secu		ly Owned	l			
de	3. Transaction Date Exercise (Month/Day/Year) circ of erivative ecurity  3. A. Deemed Execution Date, is any (Month/Day/Year)	on of Deri Secu Acqu (A) o	ivative urities uired or oosed D) tr. 3,	6. Date Exand Expire (Month/D)  Date Exercisab	ation Date ay/Year)  Expiratio	Amo Undo Secu (Inst 4)	Amount of Number of	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownershi (Instr. 4)
ode		,	V (A)	V (A) (D)	Exercisabl	Exercisable Date	Exercisable Date Title	Date Expiration Date Title Number of	Expiration Date Expiration Title Number of	Expiration Date Expiration Title Number of	Exercisable Date Title Number of

#### **Reporting Owners**

Describer Owner Name / Add one	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Zuckut Stefan C/O NATURAL HEALTH TRENDS CORP. 2050 DIPLOMAT DRIVE DALLAS, TX 75234	X						

### **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.