FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average	burden				
hours per response	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

(Print or Type Responses)												
1. Name and Address of Reporting Pe MASON RANDALL A	2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [BHIP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(First) C/O NATURAL HEALTH TRE CORP., 2050 DIPLOMAT DRIV		3. Date of Earliest Transaction (Month/Day/Year) 12/30/2009						r (give title belo		Other (specify b	elow)	
(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 Acquired, Disposed of, or Beneficially Owned										
(Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	3. Transaction Code (Instr. 8)		on 4. Securities Acquired		quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		ries Following	6. 7 Ownership of Form:	7. Nature of Indirect Beneficial
		(Month/Day/Yea	Code	v	Amount	(A) or (D)	Price	(Instr. 3 a	r. 3 and 4)			- · · · · · · · · · · · · · · · · · · ·
Common Stock	12/30/2009		D		9,783	D	\$ 0.155	185,001			D	
indirectly.	Table II - I	Derivative Securi	ties Acquir	cont the	tained in form dis	n this fo splays a	orm are	e not req ently valid	uired to re d OMB co	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
		e.g., puts, calls, v										
Security or Exercise (Month/Day/Year) any		4. Transactio Code Year) (Instr. 8)	n of	and Expiration Date (Month/Day/Year) S (Amo Und Secu	itle and ount of lerlying urities tr. 3 and		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect) [
		Code V	(A) (D)		e ercisable	Expiration Date	on Title	Amount or Number of Shares				
Reporting Owners												

Reporting Owner Name / Address		Relationships					
		10% Owner	Officer	Other			
MASON RANDALL A C/O NATURAL HEALTH TRENDS CORP. 2050 DIPLOMAT DRIVE DALLAS, TX 75234	X						

Signatures

/s/ Gary C. Wallace by Power of Attorney	12/30/2009
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.

