# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0	287			
Estimated average	burden				
nours per response					

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

1. Name ar														
1. Name and Address of Reporting Person *- Wallace Gary C			2. Issuer Name and Ticker or Trading Symbol NATURAL HEALTH TRENDS CORP [NHTC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O NATURAL HEALTH TRENDS CORP., 4514 COLE AVE., SUITE 1400			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2013						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					
(City	S, TX 7520	(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)		2A. Deemed 3. Transa Execution Date, if Code		action 4. Securities Acquired (A) or Disposed of							6. 7. Ownership of Form: B Direct (D) O	Beneficial Ownership		
					Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		12/10/2013		S		9,900	D	\$ 3.31	163,642			D	
Common	Stock		12/10/2013		S		100	D	\$ 3.32	163,542			D	
	Report on a	senarate line fo												
indirectly.		separate line to	r each class of secu	rities beneficially o	owned dire	Perso	ons wh					nformation		EC 1474 (9-
indirectly.		separate line lo.	Table II - D	Perivative Securiti	es Acquire	Perso conta the fo	ons wh ained ir orm dis	n this fo splays a of, or Ber	orm ar curre	re not required the second sec	uired to re	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
	la .	•	Table II - D	erivative Securiti	es Acquiro	Perso conta the fo ed, Dis tions,	ons wh ained ir orm dis sposed o convert	n this fo splays a of, or Ben ible secu	orm ar curre neficia	re not requently valid	uired to re d OMB cor	espond uni ntrol numb	less er.	02)
1. Title of	Conversion	3. Transaction	Table II - D	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	es Acquire rrants, op 5. Numbe	Perso conta the fo ed, Dis tions,	ons wh ained ir orm dis sposed o convert	of this for splays a splays a splays a splays a splays a splay	neficia urities) 7. T Am Uno Sec	re not required the second sec	8. Price of Derivative Security	spond un	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Natu of Indire Benefici ve Ownersh (Instr. 4)

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Wallace Gary C C/O NATURAL HEALTH TRENDS CORP. 4514 COLE AVE., SUITE 1400 DALLAS, TX 75205			General Counsel			

### **Signatures**

/s/ Gary C. Wallace	12/10/2013
**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 nu	mber.