| FORM 4 | 4 |
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| Check this box if no |
|-----------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

02)

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 and Address of Reporting Person – MASON RANDALL A | | | | 2. Issuer Nam ATURAL I | | | 0 | • | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner | | |
|--|---------------|------------------------|--------------|---|---------------------|-------|------------|--|---|---|--|--|
| (Last) C/O NATURAL H CORP., 609 DEEH 395 | | | 11 | Date of Earli 1/04/2015 | est Transa | ctior | ı (Month/ | Day/Y | ear) | Officer (give title below) | | pecify below) |
| (Street) ROLLING HILLS ESTATES, CA 90274 | | | | If Amendme | nt, Date O | rigin | al Filed(M | lonth/Da | 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) | | 1 | fable I - N | on-l | Derivativ | e Secu | rities Aco | uired, Disposed of, or Bene | ficially Own | ed |
| 1.Title of Security (Instr. 3) | | | Execu any | eemed ition Date, if th/Day/Year) | Transaction Code | | (A) or D | (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| Common Stock | | 11/04/2015 | | | S | | 5,000 | D | \$ 50.691 | 228,834 | D | |
| Common Stock | | | | | | | | | | 23,899 | I | By Marden Rehabilitation Associates, Inc. |
| Reminder: Report on indirectly. | a separate li | ne for each class of s | securiti | ies beneficiall | ly owned d | | | whor | recoord | to the collection of inform | nation | SEC 1474 (9- |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|--|--------------|------------------|--------------------|-------------|------|---------|------|--------------|------------|--------|---------|-------------|----------------|-------------|-------------|
| 1. Title o | f 2. | 3. Transaction | 3A. Deemed | 4. | 5. | Num | nber | 6. Date Exer | rcisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivativ | e Conversion | Date | Execution Date, if | Transaction | n of | f | | and Expirati | on Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | D | erivat | tive | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Se | ecurit | ies | | | Secu | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | A | cquir | ed | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | (A | A) or | | | | 4) | | | Following | Direct (D) | |
| | | | | | D | ispos | ed | | | | | | Reported | or Indirect | |
| | | | | | of | f (D) | | | | | | | Transaction(s) | (I) | |
| | | | | | · · | nstr. 3 | ~ | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | 4, | and : | 5) | | | | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | | Exercisable | * | Title | Number | | | | |
| | | | | | | | | Excicisable | Date | | of | | | | |
| | | | | Code V | / (/ | A) (| (D) | | | | Shares | | | | |

Reporting Owners

| Describe Operation Name (Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| MASON RANDALL A C/O NATURAL HEALTH TRENDS CORP. 609 DEEP VALLEY DRIVE, SUITE 395 ROLLING HILLS ESTATES, CA 90274 | х | | | | | | | |

Signatures

| /s/ Timothy S. Davidson by Power of Attorney | 11/04/2015 |
|--|------------|
| **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.