

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

NATURAL HEALTH TRENDS CORP

Form: 4

Date Filed: 2017-01-24

Corporate Issuer CIK: 912061

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FORM 4

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

OMB APPROVA	AL
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 Re	esponses)																
Name and Address of Reporting Person Sharng Chris Tahijun								icker or Tra	-		HTCl	Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O NATURAL HEALTH TRENDS CORP., 609 DEEP VALLEY DRIVE, SUITE 395 (Street) ROLLING HILLS ESTATES, CA 90274				3.		Earlies		saction (Mo			01	X DirectorX Officer (give tit					
				4.	If Amend	dment,	Date	Original File	edMor	nth/Day/Year)	Individual or Joint/Group Filling(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	(Zip)	Ť	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea				te, if C	(Instr. 8)		· ·			5. Amount of Securities Beneficially Owner Following Reported Transaction(s) (Instr. 3 and 4)		•	Ownership of Form:	Beneficia	
					(Month/Day/Year)		ear)	Code		Amount	(A) or (D)	Price	e				Ownershi (Instr. 4)
Common Sto	ock		01/24/201	7				A ⁽¹⁾		15,723	Α	\$0	474,714			D	
Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) any			BA. Deemed Execution Date	(e.g., puts, ed 4. Transacti Date, if Code (Instr. 8)			g., puts, calls, warra Fransaction 5. Numb Derivativ		d, Distions 6. and (M	and Expiration Date (Month/Day/Year) Under (Instr.			y Owned le and Amount of rlying Securities . 3 and 4) 8. Price of Derivative Security (Instr. 5)		9. Number of 1 Derivative Fecurities Feneficially Cowned Following I	10. Ownership Form of Derivative Security: Direct (D)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
					Code		(A)	(D)		Date Expiration Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)		
Reporting	g Owne	rs															
Report	ing Owner Na	ma / Addrass			Relation	ships											
Reporting Owner Name / Address Director			10%	Owner	Office	r	Other										
609 DEEP V	AL HÉALTH ALLEY DRI'	TRENDS CORF VE, SUITE 395 ES, CA 90274	P. X			Pres	siden	t									
<u> </u>																	

Signatures

/s/ Timothy S. Davidson by Power of Attorney	01/24/2017
-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).
- (1) Restricted Stock Grant

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.

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OMB A	PPROVAL
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(Print or Type Re	esponses)															
Name and Address of Reporting Person Sharng Chris Tahjiun							Ticker or Tra	-		HTC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)			st Tra	ensaction (M	onth/E	Day/Year)		X Officer (give tit	e below)	Other	(specify below)					
C/O NATURAL HEALTH TRENDS CORP., 609 DEEP VALLEY DRIVE, SUITE 395					2017						President					
(Street) ROLLING HILLS ESTATES, CA 90274				4. If Ame	ndment	, Date	e Original Fil	edMon	ith/Day/Year)		Individual or Joint/Group Filling(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(State)	(Zip)				Table I I	lan F	Namiuratius C	`aaiiia		lived Dispessed	f av Bana	ficially Owned		
1.Title of Security 2. Transact (Instr. 3) Date		2. Transaction Date (Month/Day/	n 2A. Deemed 3. Tr Execution Date, if Code			3. Transacti		Securities Acquired			uired, Disposed of, or Beneficially Own 5. Amount of Securities Beneficially Own Following Reported Transaction(s) (Instr. 3 and 4)		eficially Owned	6. Ownership Form:	7. Nature of Indirect Beneficial	
			(Mon	th/Day/1	rear)	Code	v	Amount	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 01/24/2017			7			A ⁽¹⁾		15,723	Α	\$0	474,714			D		
Reminder: Repo	ort on a separat	te line for each class o		e II - Deriva	ative Se	curit		Perso orm a DMB	are not requestion control numbers	uired to mber. or Bene	respoi	ollection of inform nd unless the for Owned				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	sion Date E. (Month/Day/Year) ari (North/Day/Year)	A. Deemed xecution Dat ny Month/Day/Ye	e, if Code De (Instr. 8) Se acr)		Der Sec Acc Disp	Number of rivative curities quired (A) or posed of (D) str. 3, 4, and	and (M	Date Exercisable d Expiration Date onth/Day/Year)		Under	e and Amount of lying Securities 3 and 4)	curities Derivative		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	(A) (D)	Da Ex	te E ercisable D	xpiration ate	Little	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Reportin	g Owne	rs														
Reporting Owner Name / Address Director 1			Relatio	nships												
			10% Owner	r Office	er	Other										
	AL HÉALTH	TRENDS CORP	. x		Pre	side	nt									

Signatures

/s/ Timothy S. Davidson by Power of Attorney	01/24/2017
-Signature of Reporting Person	Date

Explanation of Responses:

ROLLING HILLS ESTATES, CA 90274

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