Edgar Filing: NATURAL HEALTH TRENDS CORP - Form 4

NATURAL HEAI Form 4 January 22, 2015	LTH TREND	S CORP								
FORM 4 Check this box if no longer subject to Section 16.	UNITED STATES SECURITIES AND EXCHANC Washington, D.C. 20549							OMB APPROVAL OMB 3235-02 Number: January 2 Expires: 20 Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									0.5	
(Print or Type Respon 1. Name and Address Davidson Timoth	of Reporting Pe	Symbol NATU	r Name and RAL HEA [NHTC]			-	5. Relationship of Issuer (Cheo	f Reporting Per ck all applicable		
(Last) (I C/O NATURAL CORP., 4514 CO 1400	HEALTH TR	ddle) 3. Date o (Month/ ENDS 01/20/2	of Earliest Tra Day/Year)	ansaction			Director X Officer (give below) Sr		9 Owner er (specify	
(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 				
(City) (S		^(ip) Tab	le I - Non-Do	erivative S	Securi	ties Aco	Person Puired, Disposed o			
	ransaction Date nth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 01/2 Stock	20/2015		A <u>(1)</u>	8,454	А	\$0	212,604	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Davidson Timothy Scott C/O NATURAL HEALTH TRENDS CORP. 4514 COLE AVE., SUITE 1400 DALLAS, TX 75205			Sr. V.P. & CFO				
Signatures							
/s/ Timothy Scott 01/22/2015							

Davidson

**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.