## Edgar Filing: NATURAL HEALTH TRENDS CORP - Form 4

Form 4	HEALTH TREN	DS CORP										
May 22, 2015 FORM 4 UNITED STATES SECURITIES AND EXCILANCE COMMISSION									OMB APPROVAL			
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5	ger <b>STATEN</b> 66. or									Expires:January 312005Estimated averageburden hours perresponse0.5		
obligatio may con <i>See</i> Instr 1(b).	ns Section 17(a	a) of the P	ublic Ut		ling Com	npany	Act of	e Act of 1934, 1935 or Section 0	1			
(Print or Type ]	Responses)											
1. Name and Address of Reporting Person <u>*</u> BROADY GEORGE K			2. Issuer Fluine and Fleiner of Fluing					5. Relationship of Reporting Person(s) to Issuer				
			CORP [NHTC]					(Check all applicable)				
	(First) (N RAL HEALTH T 4 COLE AVE., S	RENDS	3. Date of (Month/D 05/20/20	-	ansaction			X_ Director Officer (give below)	title Othe below)			
DALLAS, 7	(Street)	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)		(Zip)	<b>T</b> - 1-1			· · · · ·		Person				
1.Title of Security (Instr. 3)		ansaction Date 2A. Deemed			4. Securiti n(A) or Dis (Instr. 3, 4)	ies Ac sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)			
Common Stock	05/20/2015			Code V S	4,745	D	\$ 33	3,108,035	Ι	See footnote		
Common Stock	05/21/2015			S	75,081	D	\$ 30.16	3,032,954	Ι	See footnote $(1)$		
Common Stock								562,354	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.

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

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	late	Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative		-		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired				<i>,</i>		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					. ,						(insu
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Cout V	$(\mathbf{D})$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Fund, Fruitess	Director	10% Owner	Officer	Othe		
BROADY GEORGE K C/O NATURAL HEALTH TRENDS CORP. 4514 COLE AVE., SUITE 1400 DALLAS, TX 75205	Х	Х				
Signatures						
/s/ Timothy S. Davidson by Power of Attorney	05/2	2/2015				
**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).

Shares held by the George K. Broady 2012 Irrevocable Trust, of which Mr. Broady is the trustee and a beneficiary. It has come to the
(1) attention of the reporting person that prior filings have incorrectly disclosed the allocation of ownership of shares between George K. Broady and one or more family trust. It is expected that appropriate correcting filings will be made in due course.

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.