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

### NATURAL HEALTH TRENDS CORP

Form 4

November 04, 2015

November (	J4, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							B APPROVAL					
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number	3235-0287				
	Check this box								January 31			
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires	2005		
-	subject to Section 16.  SECURITIES								ed average hours per			
	Form 4 or								respons	· · · · · · · · · · · · · · · · · · ·		
Form 5 obligati	^						_	ge Act of 1934,				
may con	ntinue. Section 17	` '		•	_		•	f 1935 or Secti	on			
See Inst 1(b).	ruction	30(11)	or the i	invesimen	it Compa	ally F	Act of 194	+0				
(Print or Type	Responses)											
MACON DANDALLA						5. Relationship	p of Reporting Person(s) to					
WINSON	Symbol NATI		ALTHI	rren	NDS							
		NATURAL HEALTH TRENDS CORP [NHTC]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner Officer (give title Other (specify				
C/O NATU	JRAL HEALTH	TRENDS	11/04/					below)	below)	)		
	9 DEEP VALLE	Y										
DRIVE, SI	UITE 395											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person						
ROLLING HILLS —Fo							Form filed by	Form filed by More than One Reporting				
ESTATES	, CA 90274							Person				
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Sec	curities Acc	quired, Disposed	of, or Benefi	icially Owned		
1.Title of	2. Transaction Date	2A. Deeme	d	3.	4. Securit	ties A	cquired	5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)		Date, if		on(A) or Di	isposed of (D)		Securities	Ownership	Indirect		
		any (Month/Day	v/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)		Form: Direct (D)	Beneficial Ownership		
		<b>(</b>	,,	(,				Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 1)			
Common	11/04/0015					,	\$	220 024				
Stock	11/04/2015			S	5,000	D	50.691	228,834	D			
										By Marden		
Common								23,899	I	Rehabilitation		
Stock										Associates,		

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 (9-02)

Inc.

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date Exercisable	Expiration Date		or Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

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

X

## **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.

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