BlackRock Health Sciences Trust Form 4 February 22, 2008

| February 22, | 2008 | | | | | | | | | | |
|---|--|---------------|----------------------|---|-------------|----------|---|--|--|-------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check th | | | vv as | sington, | D.C. 20 | 347 | | | | January 31, | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction | | | | | | | Expires: 200 Estimated average burden hours per response 0 | | | | |
| 1(b). (Print or Type I | Responses) | | | | | | | | | | |
| ROBARDS KAREN P Symbol Black | | | Symbol | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | Earliest Transaction | | | | _X_ Director10% Owner | | | | |
| | | | (Month/D 02/21/2 | • | | | | Officer (give titleOther (specify below) below) | | | |
| Filed(Mon | | | | ndment, Date Original hth/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 | | | |
| NEW YOR | K, NY 10022 | | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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) | | |
| Common Stock | 02/21/2008 | | | Code V P | Amount 500 | (D) A | Price \$ 25.42 | 500 | D | | |
| Reminder: Ren | ort on a separate lin | ne for each c | lass of secu | rities benefi | icially own | ned di | ectly or i | ndirectly. | | | |

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) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Tran (Inst |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code 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 | | | |
| ROBARDS KAREN P 40 EAST 52ND STREET NEW YORK, NY 10022 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Vincent B. Tritto as Attorney-in-Fact | 02/22/2008 | | | | | | |
| **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.