BlackRock Health Sciences Trust Form 3 November 09, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Andrews Neal			2. Date of Event Requ Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol BlackRock Health Sciences Trust [BME]				
(Last)	(First)	(Middle)	11/01/2007		4. Relationship of Reporting Person(s) to Issuer		endment, Date Original onth/Day/Year)		
40 EAST 52	ND STRE	ET							
(Street)				(Check	(Check all applicable)		6. Individual or Joint/Group		
NEW YORI	K, NY 1	0022			10% O Other (specify below nancial Officer	wner Filing(C _X_Forr v) Person Forn	Filing(Check Applicable Line) _X_ Form filed by One Reporting		
(City)	(State)	(Zip)	Table	I - Non-Derivati	rivative Securities Beneficially Owned				
1.Title of Secu (Instr. 4)	rity			ount of Securities cially Owned 4)	Ownership	4. Nature of Ind Ownership (Instr. 5)	lirect Beneficial		
Reminder: Rep owned directly		ate line for ea	ach class of securities be	eneficially SI	EC 1473 (7-02)				
	inform requir	nation conta ed to respo	pond to the collection ained in this form are ond unless the form of MB control number.	e not					
ſ	able II - Der	ivative Secu	rities Beneficially Own	ed (e.g., puts, calls,	warrants, opti	ons, convertib	e securities)		
1. Title of Deri (Instr. 4)	vative Securit	Expi	ration Date Se //Day/Year) De	Title and Amount of ecurities Underlying erivative Security nstr. 4)	4. Conversion or Exercise Price of	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Andrews Neal 40 EAST 52ND STREET NEW YORK, NY 10022	Â	Â	Chief Financial Officer	Â	
Signatures					
/s/ Vincent B. Tritto, as Attorney-in-Fact	11/01/2007				
**Signature of Reporting Person	Date				

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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.