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BlackRock Health Sciences Trust Form 3 November 07, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number 07 3235-0104

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 Ad Person <u>*</u> ROBARD		Ũ	2. Date of Event ReStatement(Month/Day/Year)]	g 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			5. If Amendment, Date Original Filed(Month/Day/Year)				
40 EAST 52N	ND STREE	ET							,			
(Street)					(Check all applicable)			6. Individual or Joint/Group				
NEW YORK, NY 10022				-	XDirector10% Owner OfficerOther (give title below) (specify below)		r	Eiling(Charle Angliashta Lina)				
(City)	(State)	(Zip)	Tab	ole I - No	on-Derivati	ive Securit	ies Be	eneficially Owned				
1.Title of Securi (Instr. 4)	ty		Ben	amount of a eficially C tr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ership	irect Beneficial			
Reminder: Report owned directly o		ate line for ea	ach class of securities	s beneficia	^{lly} SE	EC 1473 (7-0	2)					
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.												
Ta	able II - Der	ivative Secu	rities Beneficially O	Wned (e.g	., puts, calls,	warrants, op	tions, c	convertible	securities)			
1. Title of Deriv (Instr. 4)	ative Securit	Expi	ate Exercisable and ration Date //Day/Year)	Securitie	nd Amount of s Underlying re Security	4. Convers or Exerc Price of Derivati	ise F D	wnership orm of erivative ecurity:	6. Nature of Indire Beneficial Owners (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

Reporting Owners

Reporting Owner Name / Address	Relationships						
1.0	Director	10% Owner	Officer	Other			
ROBARDS KAREN P 40 EAST 52ND STREET NEW YORK, NY 10022	ÂX	Â	Â	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.