

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours per					
response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)											
1. Name and Address of Reporting				ring 3. Issuer Name and Ticker or Trading Symbol							
Person * Statement			HEA	HEALTH ENHANCEME					NT PRODUCTS INC [HEPI]		
Gorman John	Gorman John (Month/Day/Yes		r)								
(Last) (First) (Middle) 11/30/2006		30/2006	4. Relationship of Reporting				3	5. If Amendment, Date Original			
C/O HEALTH ENHANCEMENT			Perso	Person(s) to Issuer					Filed(Month/Day/Year)		
PRODUCTS, INC., 7740 E.	,			(Check all applicable) X Director 10% Owner							
EVANS RD., SUITE A101				Officer (give Other (spec							
(Street)			title be	title below) below)				6. Individual or Joint/Group			
CCOTTODALE AZ 05260								Filing(Check Applicable Line) X Form filed by One Reporting Person			
SCOTTSDALE, AZ 85260								Form filed by More than One Reporting			
(City) (State) ((Zip)	Tak	la I. Nam D	 Non-Derivative Securities Be			Person				
	(Zip)				3.	ecuritie					
1.Title of Security (Instr. 4)			nount of Secur eficially Owner			ership		Nature of Indirect Beneficial wnership			
(msu. 1)		(Instr. 4)				rm: Direct (Ins					
				(D)							
						ect (I)					
						r. 5)					
COMMON STOCK			25,400			D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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	e Securities B	eneficially Ov					ions,		securities)		
1. Title of Derivative Security	2. Date Exer			3. Title and Amount of Securities Underlying Derivative Security		g Conversion		5.	6. Nature of Indirect		
(Instr. 4)	Expiration D (Month/Day/Yea							- · · · · · · · · · · · · · · · · · · ·	Beneficial Ownership (Instr. 5)		
	(Wionthi) Day/ 1 ca	,	(Instr. 4)		Price of				(IIISti. 3)		
	Date	Expiration	(** *)			Derivative		Security:			
	Exercisable	Date		Amou		Security	7	Direct (D)			
			Title	Number				or Indirect (I)			
				Shares				(Instr. 5)			
COMMON STOCK								()			
WARRANTS (RIGHT TO	06/22/2006	06/22/2009	COMMON STOCK	$ _{40.00}$	0	\$ 0.5	1)	D			
BUY)	00/22/2000	00,22,200)	STOCK	1.0,00	Ü	Ψ 0.3		D			
/									1		
Reporting Owners											
P											
			Relationships								
Reporting Owner Name / Address		D: 11	D: 100/0 0 0 0								

Director 10% Owner Officer Other

X

Signatures

C/O HEALTH ENHANCEMENT PRODUCTS, INC.

7740 E. EVANS RD., SUITE A101

SCOTTSDALE, AZ 85260

Gorman John

/S/ JOHN GORMAN	12/11/2006
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) CASHLESS EXERCISE IS PERMITTED.

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.