UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
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ours per response	e 0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading HEALTH ENHANCEMENT PR [HEPI]				PRODUCTS INC (Check all applicable) DirectorX 10% Own			able)								
(Last)	(First)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2009											
	(Street)			4. If Amendment, Date Original Filed(Month/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 Person							
(City)	(State)		(Zip)	T	able I - N	on-De	rivative S	Securit	ties A	cquir	ed, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3)		Date			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial
				(Month/Day/Year	Code	V	Amour		(A) or (D)	Price	(I)		or Indirect (I)	Ownership (Instr. 4)	
Common Stock	k	01/28	3/2009	01/28/2009	P		3,000,0	000 A		\$ 0.05	6,572,9	73		D	
indirectly.													formation	SI	EC 1474 (9-
				Derivative Securi		the	form dis	splay	s a c Bene	urre: ficial	ntly valid	d OMB cor	espond unl ntrol numb		02)
1. Title of 2.	3. Trar	saction		(e.g., puts, calls, w	arrants,	the ired, l option	form dis	splay of, or tible s	s a c Bene securi	urrei ficiall	ntly valid	d OMB cor		er.	
Derivative Conve	ersion Date ercise (Montl of rative		3A. Deemed Execution D any	(e.g., puts, calls, w	5. Num	ired, I option ber 6. an ive (Mes es ed	form dis	of, or tible s reisabl on Da	Bene Becuri	ficiallities) 7. Ti Amo Unde	y Owned the and unt of erlying	8. Price of	ntrol numb	of 10. Owners! Form of Derivati Security Direct (1 or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BAER HOWARD R							
		X					

Signatures

/s/ Howard R Baer	01/29/2009
**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.