FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
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ours per respon	se 0.5				

Check this box if no 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

(Fillit of Ty	pe Response	:8)												
Name and Address of Reporting Person * Gorman John				2. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director Officer (give title below) Other (specify below)				
(Last) (First) (Middle) C/O HEALTH ENHANCEMENT PRODUCTS, INC., 7740 E. EVANS RD., SUITE A101				3. Date of Earliest 01/28/2009	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2009									
(Street) SCOTTSDALE, AZ 85260				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)	Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(World Bay Tear)	Code	· V	Amou	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Common Stock 01/28/2009		01/28/2009	P 400,000 A \$ 0.05		\$ 0.05	475,000		D					
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities beneficially o	owned d	Pers	sons wl tained i	n this fo	rm are	e not req	ection of in	espond un	less	SEC 1474 (9- 02)
				Derivative Securiti e.g., puts, calls, wa		ired, D	isposed	of, or Ben	eficial	lly Owned	d OMB cor	ntroi numi	er.	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transacti Date (Month/Day	Execution D any	A. 5. Number of Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 5. Number of Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 5. Number of Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 8) 6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	ount of Derivative E Security (Instr. 5) E F R T		9. Number of Derivative Securities Beneficially Owned Securities Form Deriv Owned Securities Form Deriv Owned Transaction(s) (Instr. 4) (Instr. 4)		Deneficial Ownersh (Instr. 4) Ownersh (Instr. 4)			
				Code V	(A) (I		e ercisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

Burnette Omer Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Gorman John C/O HEALTH ENHANCEMENT PRODUCTS, INC. 7740 E. EVANS RD., SUITE A101 SCOTTSDALE, AZ 85260	X					

Signatures

/s/ John Gorman	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.

