FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weekington, D.C. 20540

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB	3235-				
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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 Person *- DAHL ANDREW A	State (Mor	Statement (Month/Day/Y) 12/16/2011		H	3. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI.OB]						
7 WEST SQUARE LAKE I STE 6165	liddle)				4. Relationship of Person(s) to Issuer (Check all approximation)			uer		5. If Amendment, Date Original Filed(Month/Day/Year)	
BLOOMFIELD HILLS, MI	48302			Director 10% Owner X Officer (give Other (spectitle below) President, CEO					C T 1: 1 1 T 1 //C		
(City) (State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned							Owned		
1.Title of Security (Instr. 4)	2. Amour			nount of Se ficially Own : 4)	f Securities 3. 4. N			Own	ature of Indirect Beneficial		
Common Stock			532,000					D			
not requir number. Table II - Derivative 1. Title of Derivative Security	who respond red to responde to responde to responde to respondent to res	eneficia	e collectors the	ned (e.g., p	forr play uts,	mation /s a cu /s calls, v	con urren warra	tained itly valid	in this	s form are B control convertible 5.	6. Nature of Indirect
(Instr. 4)	Expiration Da (Month/Day/Year		Securities Underlying Derivative Security (Instr. 4)				Conversion or Exercise Price of		Ownership Form of Derivative	Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date		Title	Nu	nount o mber o ares		Derivative Security		Security: Direct (D) or Indirect (I) (Instr. 5)	
Common Stock Purchase Warrant	07/01/2011	2011 06/30/2014		Common Stock	1,000,000		\$ 0.25		D		
Reporting Owner	rs										
Reporting Owner Name / Address			Direct	Relationships Director 10% Owner Officer Other]		
DAHL ANDREW A			Directo	01 10% OW	пег	Officer			Other		

President, CEO

Signatures

/s/ Andrew Dahl	12/19/2011
**Signature of Reporting Person	Date

7 WEST SQUARE LAKE ROAD, STE 6165

BLOOMFIELD HILLS, MI 48302

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).

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.