FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0	287				
Estimated average burden						
nours per response						

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

(Print or Ty	pe Response	es)														
Name and Address of Reporting Person * Maggiore Christopher D.				HE	2. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)				
				Date of Earliest Transaction (Month/Day/Year) 1/10/2013						•)						
(Street) CANTON, OH 44718				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	7)	(State)	(Zip)		Tal	ble I -	Non	-Der	ivative S	ecurit	ies Acqı	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	Execu any	Deemed ution Date, if th/Day/Year)	3. Tra Code (Instr			4. Secur (A) or D (Instr. 3.	ispose	d of (D)	(D) Beneficially Owned Following Reported Transaction(s) Form (Instr. 3 and 4)		Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	Stock		01/11/2013			P		V	Amount 37,500	()	Price \$ 0.2848 (1)			(Instr. 4)		
Reminder: indirectly.	Report on a	separate line	for each class of so	curities	beneficially	owned		Pers	sons wh tained i	n this	form a	re not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
			Table II		ative Securiti								i			
1. Title of	2	3. Transacti	on 3A. Deeme		uts, calls, wa							Fitle and	8 Price of	9. Number	of 10.	11. Nature
	Conversion Date Execution Date, if Tran		Transaction Code	of an		and	and Expiration Date (Month/Day/Year)		e An Un Sec	nount of derlying curities str. 3 and	ount of erlying rities Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	ship of Indirec Beneficial Ownershi y: (Instr. 4)		
					Code V	(A)	(D)	Dat Exe	e ercisable	Expira Date	ntion Tit	Amount or le Number of Shares				

Reporting Owners

B	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Maggiore Christopher D. 4788 NOBLES POND DR. NW CANTON, OH 44718		X					

Signatures

/s/ Christopher Maggiore	01/14/2013
**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).
- The price reported in column 4 is a weighted average price. The shares were purchased in multiple same day transactions at prices ranging from \$0.2799 to \$0.29. The (1) reporting person undertakes to provide Health Enhancement Products, Inc. and its securityholders, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

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 nu	mber.