# FORM 4

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

OMB APP	ROVAL				
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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

(Fillit of Ty	pe Response	:8)															
Name and Address of Reporting Person   Maggiore Christopher D.				HE	2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 4788 NOBLES POND DR. NW					3. Date of Earliest Transaction (Month/Day/Year) 01/18/2013												
(Street)				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 Person Form filed by More than One Reporting Person					
(City	N, OH 447	(State)	(Zip)														
		(State)	1			Tal				1					Beneficially	1	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Deemed attion Date, if	Code (Instr. 8)		tion	tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership o Form: B	Beneficial				
				(Mon	(Month/Day/Year)		Со	de	V	Amount	(A) or (D)	Price	(Instr. 3			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		01/18/2013				P	•		18,500	Α (	\$ 0.2466 <u>(1)</u>	11,154,	915		D	
Reminder: indirectly.	Report on a	separate line	for each class of se	curities	beneficia	ılly	owned	l dire	ctly (	or							
									con	tained i	n this f	orm a	re not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
			Table II -		itive Secu								ally Owned	l			
Security	Conversion Date Execution Da or Exercise (Month/Day/Year) any		Date, if	te, if Transaction of		rative rities ired r osed )	6. Date Exercisable and Expiration Dat (Month/Day/Year)		on Date	An Un Sec	Fitle and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Ownersh (Instr. 4) D) ect		
					Code	V	(A)	(D)	Dat Exe	te ercisable	Expirati Date	ion Tit	Amount or Number of Shares				

#### **Reporting Owners**

Paradia Omen Name / Address	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	01/22/2013
**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 \$0.2425 to \$0.2598. 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.