FORM 4

Check this box if no				
longer subject to				
Section 16. Form 4 or				
Form 5 obligations				
may continue. See				
Instruction 1(b).				

(D

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

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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

(rint of Type Responses)											
1. Name and Address of Reporting F Maggiore Christopher D.	Person [*]	2. Issuer Name and 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)			
4788 NOBLES POND DR. NV	(Middle) V	3. Date of Earliest Transaction (Month/Day/Year) 01/31/2013)				
(Street) CANTON, OH 44718							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 Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock	01/31/2013		Р		6,500	А	\$ 0.2681 (<u>1)</u>	11,466,040	D		
Common Stock	02/08/2013		Р		44,100	A	\$ 0.235	11,510,140	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or

indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	of and Expiration Date A		Amo	unt of	Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ivative (Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Secur	rities		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acqu	Acquired ((Instr. 3 and		Owned	Security:	(Instr. 4)		
	Security					(A) o	A) or		4)			Following	Direct (D)		
							Disposed					· · · · · · ·	or Indirect		
						of (D	(D)					Transaction(s)	(I)		
						(Instr	. 3,						(Instr. 4)	(Instr. 4)	
						4, and	4, and 5)								
											Amount				
								D	F		or				
									Expiration	Title	Number				
								Exercisable Date			of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

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

Signatures

/s/ Christopher Maggiore	02/11/2013
**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 \$0.26 to \$0.27. 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.

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.