FORM 4

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

02)

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 Type Responses)										
1. Name and Address of Reporting Maggiore Christopher D.	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			
4788 NOBLES POND DR. N	(Middle) W	3. Date of Earliest 04/19/2013	3. Date of Earliest Transaction (Month/Day/Year) 04/19/2013							
(Street) CANTON, OH 44718	4. If Amendment,	Date Orig	inal I	Filed(Mont	h/Day/Y	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)	v	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)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/19/2013		Р		67,700		\$ 0.3812 (<u>1)</u>	12,141,140	D	

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

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5. Nu	mber	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on o	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	I	Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	5	Securi	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				1	Acqui	ired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				((A) or	r			4)			Following	Direct (D)	
						Dispo							*	or Indirect	
						of (D)							Transaction(s)	· · /	
						(Instr.	· · ·						(Instr. 4)	(Instr. 4)	
					4	4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
				~				LACICISAUIC	Duit		of				
				Code V	V	(A)	(D)				Shares				

Reporting Owners

Describer Open News (Add	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	04/24/2013
**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 \$0.349 to \$0.40. 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.