

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

Washington, D.C. 20549

OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

OMB APPROVAL

INITIAL STATEMENT OF 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 Person * COX THOMAS KEVIN 2. Da State (Mot		2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2013		3. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]					
(Last) (First) (Middle) 470 MICHGAMME LANE				4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LAKE FOREST, IL 60045				(Check all applicable) X_Director			wner	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) (Z	Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)							Owne	ature of Indirect Beneficial tership r. 5)	
	ho respond ed to respo	d to the colle nd unless th	ection of info ne form displ	rmation ays a cu	n cor urrer	ntained i	n this	3 control	SEC 1473 (7-02)
1. Title of Derivative Security (Instr. 4)	2. Date Exer Expiration I (Month/Day/Ye	rcisable and Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		f 4.		ion Crise F		6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount Number Shares		Security I	Security: Direct (D) or Indirect (I) (Instr. 5)		
COMMON STOCK PURCHASE WARRANT	<u>(1)</u>	06/07/2016	COMMON STOCK	50,000)	\$ 0.4		D	
Reporting Owner	S								

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
COX THOMAS KEVIN							
470 MICHGAMME LANE	X						
LAKE FOREST, IL 60045							

Signatures

/S/ THOMAS K. COX	06/17/2013
**Signature of Reporting Person	Date

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).
- (1) The warrant is exercisable quarterly in four equal installments, beginning on June 7, 2013.

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.