FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
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ours per respon	se 0.5				

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

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1. Name and Address of Reporting Person * 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 Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 4788 NOBLES POND DR. NW				3. Date of Earliest Transaction (Month/Day/Year) 08/01/2013										
(Street)				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)										Beneficially		
(Instr. 3) Da		(Month/Day/Year)		Code (Instr. 8)	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	Amount of Securitie eneficially Owned For eported Transaction(s		6. Ownership Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Year)	Code	V	Amount	(A) or	Price	(Instr. 3	and 4)		or Indirect (I	Ownership (Instr. 4)
COMMO	N STOCK		08/01/2013		P		833,333		\$ 0.12	12,974,	473		(Instr. 4) D	
	Report on a	separate line f	or each class of secu	rities beneficially o	wned dire	ctly or								
Reminder: indirectly.	Report on a	separate line f	or each class of secu	urities beneficially o	wned dire	Perso conta	ons who	this for	m are	not req	uired to re	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
	Report on a	separate line f	Table II - I	nrities beneficially o Derivative Securitie 2.g., puts, calls, war	es Acquir	Perso conta the fo	ons who ained in orm disp sposed of	this for	m are curre eficial	not req	uired to re	spond un	ess	
1. Title of		3. Transactio	Table II - I (n 3A. Deemed Execution Da Year)	Derivative Securitic e.g., puts, calls, wan 4. Transaction Code Year) (Instr. 8)	es Acquir rrants, op 5. Numbe of Derivative Securities Acquired (A) or	Persoconta the fo ed, Dis tions, or 6. Da and E	ons who ained in orm disp sposed of convertil	this for blays a control of the secunisable of the blate	eficial rities) 7. Ti Amo Unde Secu	not req	uired to red OMB con	9. Number Derivative Securities Beneficially Owned Following	of 10. Owners: Form of Derivati Security Direct (1)	11. Natu nip of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transactio	Table II - I (n 3A. Deemed Execution Da Year)	Derivative Securitic 2.g., puts, calls, war 4. Transaction Code Year) (Instr. 8)	es Acquir rrants, op 5. Numbe of Derivative Securities Acquired	Persoconta the fo ed, Dis tions, or 6. Da and E	ons who ained in orm disp sposed of convertil ate Exerci Expiration	this for blays a control of the secunisable of the blate	eficialirities) 7. Ti Amo Undo Secu	e not req ntly valid by Owned tle and ount of erlying rities	8. Price of Derivative Security	9. Number Derivative Securities Beneficially	of 10. Owners: Form of Derivati Security Direct (i	11. Natural of Indire Benefici Ownersk (Instr. 4)

Reporting Owners

Barrella Orana Nama / Addansa	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	08/07/2013
**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).

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.