FORM 4

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

OMB APPROVAL					
OMB Number: 3235-02					
Estimated average burden					
nours per response					

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

Print or Ty	pe Response	es)															
Name and Address of Reporting Person * Maggiore Christopher D.				HEA	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) 05/08/2014												
(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				
CANTON, OH 44718 (City) (State) (Zip)																	
		(State)													Beneficially		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Deemed ution Date, if	if			on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D)			Following	Ownership Form:	Nature of Indirect Beneficial	
				(Mont	h/Day/Yea	ır)	Code	V	Amount	(A) or (D)	Pri	ce	(Instr. 3 a	tr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)
Common	Stock		05/08/2014				P		22,400	A	\$ 0.17	743	12,952,	862		D	
Common	Common Stock 05/09/2014					P		25,000	A	\$ 0.16	671	12,977,	,862		D		
Reminder: I	Report on a	separate line	for each class of sec	urities	beneficial	y o	wned dire	ctly	or								
•								con	tained i	n this	form	are	not req	uired to re	formation spond unl itrol numb	ess	EC 1474 (9 02
			Table II -		tive Secur								y Owned	I			
Security	Conversion		ansaction 3A. Deemed Execution Date, if Transaction Code Oberion Secution Date, if Transaction of Deriv Secution Date, if Transaction of Deriv Secution Date, if Transaction of Code Oberion Secution Date, if Transaction Of Deriv Secution Date, if Transaction Date, if Transaction Of Deriv Date, if Transaction D		of	and	nd Expiration Date Month/Day/Year) A U S		Amo Unde Secu	Title and nount of derlying surities str. 3 and str. 2 str. 3 and str. 3		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct or India	Owner (Instr. D)			
					Code '	V	(A) (D)	Dat Exe	te ercisable	Expira Date	tion ,	Title	Amount or Number of Shares				

Reporting Owners

	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	05/09/2014
**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 nu	mber.