

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

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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 [*] – Masterson Nola E	2. Date of Event Requiring Statement (Month/Day/Year) 09/17/2014	3. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]				
(Last) (First) (Middle) 768 WEST CALIFORNIA WAY	09/17/2014	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_DirectorOfficer (give10% OwnerOther (specify title below) below)			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) WOODSIDE, CA 94062					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 Beneficially Owned					
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)			Owner	1	

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

SEC 1473 (7-02)

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

 Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	Expiration Date (Month/Day/Year)		5.0		4. Conversion or Exercise Price of	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable		Title	Amount or Number of Shares	Derivative Security: Security Direct (D) or Indirect (I) (Instr. 5)		
Common Stock Purchase Warrant	<u>(1)</u>	09/17/2017	Common Stock	50,000	\$ 0.12	D	

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Masterson Nola E 768 WEST CALIFORNIA WAY WOODSIDE, CA 94062	Х				

Signatures

/s/ Nola E. Masterson	09/18/2014
**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 September 17, 2014.

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.