

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2013-01-10** | Period of Report: **2013-01-07**
SEC Accession No. [0001078782-13-000051](#)

(HTML Version on secdatabase.com)

REPORTING OWNER

Maggiore Christopher D.

CIK: **1436075**

Type: **3** | Act: **34** | File No.: **000-30415** | Film No.: **13524003**

Mailing Address

*4788 NOBLES POND DR. NW
CANTON OH 44718*

ISSUER

HEALTH ENHANCEMENT PRODUCTS INC

CIK: **1101026** | IRS No.: **870699977** | State of Incorporation: **NV** | Fiscal Year End: **1231**
SIC: **2000** Food and kindred products

Mailing Address

*7 WEST SQUARE LAKE RD
BLOOMFIELD HILLS MI
48302*

Business Address

*7 WEST SQUARE LAKE RD
BLOOMFIELD HILLS MI
48302
(248) 452 9866*

FORM 3

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

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Maggiore Christopher D.</u> (Last) (First) (Middle) 4788 NOBLES POND DR. NW (Street) CANTON, OH 44718 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/07/2013	3. Issuer Name and Ticker or Trading Symbol <u>HEALTH ENHANCEMENT PRODUCTS INC [HEPI]</u> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) <u>CHIEF FINANCIAL OFFICER</u>	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person _____ Form Filed by More than One Reporting Person
--	--	---	--

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK	10,823,415	D	

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Stock Purchase Warrant	07/01/2011	07/01/2014	Common Stock	2,000,000	\$0.25	D	
Common Stock Purchase Warrant	07/18/2011	07/18/2014	Common Stock	1,200,000	\$0.125	D	
Common Stock Purchase Warrant	11/01/2011	11/01/2014	Common Stock	997,272	\$0.125	D	
Common Stock Purchase Warrant	12/01/2011	12/01/2014	Common Stock	978,825	\$0.125	D	
Common Stock Purchase Warrant	05/24/2012	05/24/2015	Common Stock	40,000	\$0.125	D	
Common Stock Purchase Warrant	09/18/2012	09/18/2015	Common Stock	47,447	\$0.125	D	
Common Stock Purchase Warrant	12/26/2012	12/26/2015	Common Stock	152,553	\$0.125	D	

Signatures

/s/ Christopher Maggiore

** Signature of Reporting Person

01/07/2013

Date

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

* 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.

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 Number.