HealthWarehouse.com, Inc.

Form 4 July 29, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SELIGA DANIEL JOSEPH			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			HealthWarehouse.com, Inc. [HEWA]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
C/O HEALTHWAREHOUSE.COM,			07/27/2016	_X_ Officer (give title Other (specify		
INC., 7107 INDUSTRIAL ROAD				below) below) COO and CFO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
FLORENCE,	, KY 41042		Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zin)				

(City)	(State)	(Zip) Tabl	le I - Non-E	Perivative S	ecuriti	ies Acqu	iired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	07/27/2016		X	150,000	A	\$ 0.12	150,000	D	
Common Stock	07/27/2016		X	150,000	A	\$ 0.12	300,000	D	
Common Stock	07/27/2016		X	75,000	A	\$ 0.12	375,000	D	
Common Stock	07/27/2016		X	500,000	A	\$ 0.1	875,000	D	
Common Stock	07/27/2016		X	250,000	A	\$ 0.12	1,125,000	D	

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Common Stock	07/27/2016	S(1)	58,064	D	\$ 0.31	1,066,936	D
Common Stock	07/27/2016	S(1)	58,064		\$ 0.31		D
Common Stock	07/27/2016	S(1)	29,032	D	\$ 0.31	979,840	D
Common Stock	07/27/2016	S(1)	161,290	D	\$ 0.31	818,550	D
Common Stock	07/27/2016	S <u>(1)</u>	96,774		\$ 0.31	721,776	D

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

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(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Secur Secur Acqu Dispo		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Warrants	\$ 0.12	07/27/2016		S <u>(1)</u>		150,000	09/30/2013	09/30/2018	Common Stock	150,00
Warrants	\$ 0.12	07/27/2016		S(1)		150,000	03/28/2014	03/28/2019	Common Stock	150,00
Warrants	\$ 0.12	07/27/2016		S(1)		75,000	04/29/2014	04/29/2019	Common Stock	75,000
Warrants	\$ 0.1	07/27/2016		S(1)		500,000	03/01/2015	03/01/2020	Common Stock	500,00
Warrants	\$ 0.12	07/27/2016		S <u>(1)</u>		250,000	11/11/2015	11/11/2020	Common Stock	250,00

Reporting Owners

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			

Reporting Owners 2

Relationshins

SELIGA DANIEL JOSEPH C/O HEALTHWAREHOUSE.COM, INC. 7107 INDUSTRIAL ROAD FLORENCE, KY 41042

COO and CFO

Signatures

/s/ Daniel J. 07/29/2016 Seliga

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) On July 27, 2016, the Reporting Person exercised warrants on a cashless basis and the issuer withheld a portion of the warrants to pay the exercise price.

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.

Signatures 3