HEALTHWAREHOUSE.COM, INC.
Reported by
BENNANI YOUSSEF

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 04/08/15 for the Period Ending 04/07/15

Address
7107 INDUSTRIAL ROAD
FLORENCE, KY 41042
Telephone
(513) 618-0911
CIK
0000754813
Symbol
HEWA
SIC Code
5912 - Drug Stores and Proprietary Stores
Industry
Retail (Drugs)
Sector
Services
Fiscal Year
12/31
FILED PURSUANT TO SECTION 16(a) OF THE SECURITIES EXCHANGE ACT OF 1934

1. Name and Address of Reporting Person
   Bennani Youssef
   C/O HEALTHWAREHOUSE.COM, INC., 7107 INDUSTRIAL ROAD
   FLORENCE, KY 41042

2. Issuer Name and Ticker or Trading Symbol
   HealthWarehouse.com, Inc. [ HEWA ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   4/7/2015

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
   __ X Director
   ___ 10% Owner
   ___ Officer (give title below)
   ___ Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   _ X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4/7/2015</td>
<td>4/7/2025</td>
<td>Common Stock</td>
<td>34063</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Option to Purchase Common Stock</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$0.09</td>
<td>4/7/2015</td>
<td>4/7/2025</td>
<td>Common Stock</td>
<td>34063</td>
</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

Bennani Youssef
C/O HEALTHWAREHOUSE.COM, INC.
7107 INDUSTRIAL ROAD
FLORENCE, KY 41042

Signatures

/s/ Youssef Bennani 4/8/2015

** Signature of Reporting Person

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).


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 control number.