HEALTHWAREHOUSE.COM, INC.
Reported by
DHADPHALE LALIT

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 08/10/15 for the Period Ending 08/04/15

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
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

1. Name and Address of Reporting Person
   Dhadphale Lalit
   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)
   8/4/2015

4. If Amendment, Date Original Filed
   __

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

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   __X__ Director
   __X__ 10% Owner
   __X__ Officer (give title below) President and CEO
   ___ Other (specify below)

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

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options to Purchase Common Stock</td>
<td>$.15</td>
<td>8/4/2015</td>
<td>A 100000</td>
<td>Common Stock 100000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>Amount or Number of Shares</th>
<th>Price of Derivative Security (Instr. 5)</th>
<th>Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options to Purchase Common Stock</td>
<td>$.15</td>
<td>8/4/2015</td>
<td>A</td>
<td>100000</td>
<td>8/4/2015</td>
<td>8/4/2025</td>
<td>Common Stock</td>
<td>100000</td>
<td>$0</td>
<td>D</td>
<td>Direct (D)</td>
<td>Indirect (I)</td>
</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

Dhadphale Lalit
C/O HEALTHWAREHOUSE.COM, INC., 7107 INDUSTRIAL ROAD
FLORENCE, KY 41042

X President and CEO

Signatures

/s/Lalit Dhadphale 8/7/2015

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.