HEALTHWAREHOUSE.COM, INC.
Reported by
SAVARINO JOSEPH M

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 08/10/15 for the Period Ending 07/10/15

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
FILLED 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

SAVARINO JOSEPH M
(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)

7/10/2015

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options to Purchase Common Stock</td>
<td>7/10/2015</td>
<td>A</td>
<td>20407</td>
<td>20407</td>
</tr>
</tbody>
</table>

5. Relationship of Reporting Person(s) to Issuer

X Director

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options to Purchase Common Stock</td>
<td>$.15</td>
<td>7/10/2015</td>
<td>A</td>
<td>20407</td>
<td>20407</td>
</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVARINO JOSEPH M</td>
<td>X</td>
</tr>
</tbody>
</table>

Signatures

/s/ Joseph M. Savarino 8/7/2015

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.