

HealthWarehouse.com, Inc.  
 Form 3  
 January 20, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â SELIGA DANIEL JOSEPH</p> <p>(Last) (First) (Middle)</p> <p>C/O                  HEALTHWAREHOUSE.COM,                  INC.,Â 4107 INDUSTRIAL                  ROAD</p> <p>(Street)</p> <p>FLORENCE,Â KYÂ 41042</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/11/2016</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>HealthWarehouse.com, Inc. [HEWA]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  COO and CFO</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

<p>1. Title of Security                  (Instr. 4)</p>	<p>2. Amount of Securities Beneficially Owned                  (Instr. 4)</p>	<p>3. Ownership Form:                  Direct (D)                  or Indirect (I)                  (Instr. 5)</p>	<p>4. Nature of Indirect Beneficial Ownership                  (Instr. 5)</p>
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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.**

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

<p>1. Title of Derivative Security                  (Instr. 4)</p>	<p>2. Date Exercisable and Expiration Date                  (Month/Day/Year)</p>	<p>3. Title and Amount of Securities Underlying Derivative Security                  (Instr. 4)</p>	<p>4. Conversion or Exercise Price of Derivative</p>	<p>5. Ownership Form of Derivative Security:</p>	<p>6. Nature of Indirect Beneficial Ownership                  (Instr. 5)</p>
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Options to Purchase Common Stock	08/05/2016 <sup>(1)</sup>	08/05/2025	Common Stock	200,000	\$ 0.12	D	Â
Warrants to Purchase Common Stock	09/30/2013	09/30/2018	Common Stock	150,000	\$ 0.12	D	Â
Warrants to Purchase Common Stock	03/28/2014	03/28/2019	Common Stock	150,000	\$ 0.12	D	Â
Warrants to Purchase Common Stock	04/29/2014	04/29/2019	Common Stock	75,000	\$ 0.12	D	Â
Warrants to Purchase Common Stock	03/01/2015	04/01/2020	Common Stock	500,000	\$ 0.1	D	Â
Warrants to Purchase Common Stock	11/11/2015	01/11/2020	Common Stock	250,000	\$ 0.12	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SELIGA DANIEL JOSEPH C/O HEALTHWAREHOUSE.COM, INC. 4107 INDUSTRIAL ROAD FLORENCE, KY 41042	Â	Â	Â COO and CFO	Â

## Signatures

/s/Daniel Joseph Seliga  
01/19/2016

\*\*Signature of Reporting Person                      Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) The options vest one-third a year on each anniversary of the date of grant, commencing on 8/5/2016.

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.