

Backus John C
 Form 3
 August 04, 2011

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)

1. Name and Address of Reporting Person *

Backus John C
 (Last) (First) (Middle)

11911 FREEDOM DRIVE,
 SUITE 1080

(Street)

RESTON, VA 20190

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 08/03/2011

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

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

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

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,956,941	I	By New Atlantic Venture Fund III, L.P. (1) (2)
Common Stock	72,708	I	By New Atlantic Entrepreneur Fund III, L.P. (1) (3)
Common Stock	21,947	I	By NAV Managers Fund, LLC (1) (4)
Common Stock	2,029,649	I	By New Atlantic Fund III, LLC (1) (5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
		Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Backus John C 11911 FREEDOM DRIVE, SUITE 1080 RESTON, VA 20190	X	X		

Signatures

/s/ John C.
Backus

08/04/2011

**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).

On August 3, 2011, Mr. Backus was appointed as a director of Healthwarehouse.com, Inc. Mr. Backus is a managing member of New Atlantic Fund III, LLC (the "General Partner"), which is the general partner of New Atlantic Venture Fund III, L.P., a Delaware limited partnership ("Fund III") and New Atlantic Entrepreneur Fund III, a Delaware limited partnership ("Entrepreneur Fund"). In addition, Mr.

- (1) Backus, as trustee of the John C. Backus, Jr. Irrevocable Trust, is a member of NAV Managers Fund, LLC, a Delaware limited liability company ("NAV LLC"), an affiliate of Fund III and Entrepreneur Fund III. Mr. Backus disclaims beneficial ownership of all shares held by NAV, except to the extent of his pecuniary interest therein. This report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for Section 16 or other any other purpose.
- (2) Represents shares owned directly by Fund III.
- (3) Represents shares owned directly by Entrepreneur Fund.
- (4) Represents shares owned directly by NAV LLC.
- (5) Represents shares owned indirectly by the General Partner.

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.