FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar	2. Issuer Name and Ticker or Trading Symbol <u>eWELLNESS HEALTHCARE Corp</u> [NA]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title X Other (specify))									
(Last) (First) (Middle) 605 W. KNOX RD., SUITE 202						3. Date of Earliest Transaction (Month/Day/Year) 05/06/2014										oelow) Former			below) (CEO/Director	
(Street) TEMPE	· · · ·					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)			2ip)												Form filed by More than One Report Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					//Year)	Execu	Deemed cution Date, y nth/Day/Year)		3. Transac Code (Ir 8)	4. Securit Disposed and 5)				3, 4 Secu Bene Own		ally	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Price	R T	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock, par value \$0.001 per share 05/06.)14			J ⁽¹⁾		5,000,0	00	D	(1)		5,000,000		D		
Common Stock, par value \$0.001 per share					014				S ⁽²⁾		4,600,0	00	D	(2)		400,000		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			8. Pric of Deriva Securi (Instr.	tive So ty B 5) O Fo R	. Number of lerivative lecurities deneficially deneficial	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V (A) (D) Date Expiration Date 1		Title	Or Nun of Sha															

Explanation of Responses:

- 1. Pursuant to the terms and conditions of that certain Amended and Restated Share Exchange Agreement, dated as of April 30, 2014 ("Share Exchange Agreement"), among eWellness Healthcare Corporation (ft/ka Dignyte, Inc.), a Nevada corporation ("eWellness Healthcare"), Andreas A. McRobbie-Johnson (the "Reporting Person"), eWellness Corporation, a Nevada corporation ("eWellness"), and the holders of all of the issued and outstanding stock of eWellness (the "Shareholders"), the Reporting Person cancelled 5,000,000 shares of his eWellness Healthcare common stock which decreased the number of eWellness Healthcare common stock beneficially owned by the Reporting Person from 10,000,000 ("Cancellation of Shares"). The Reporting Person did not receive any cash consideration for the cancellation of his shares of eWellness Healthcare common stock.
- 2. Pursuant to the terms and conditions of the Share Exchange Agreement, the Reporting Person transferred 3,100,000 shares of his eWellness Healthcare common stock to parties designated by eWellness and 1,500,000 shares of his eWellness Healthcare common stock beneficially owned by the Reporting Person from 5,000,000 to 400,000, representing 2.63% of the issued and outstanding common stock of eWellness Healthcare (collectively, the "Transfer of Shares"). The foregoing percentage is calculated based on 15,200,000 shares of eWellness Healthcare common stock issued and outstanding as of May 6, 2014, as disclosed in a Form 8-K filed by the eWellness Healthcare with the Securities and Exchange Commission on May 6, 2014. The Reporting Person did not receive any cash consideration for the Transfer of Shares.

Remarks:

Pursuant to the terms and conditions of the Share Exchange Agreement, on May 6, 2014 (the effective date of closing of the transactions under the Share Exchange Agreement), the Reporting Person resigned from all of his positions with eWellness Healthcare, including, but not limited to, chief executive officer, president and director. In addition, after the Cancellation of Shares and the Transfer of Shares as reported herein, the Reporting Person no longer beneficially owns more than 10% of the issued and outstanding common stock of eWellness Healthcare. Accordingly, the Reporting Person is no longer a reporting person subject to the requirements of Section 16 of the Securities Exchange Agreement, on May 6, 2014 (the effective date of closing of the transactions under the Share Exchange Agreement), the Reporting Person resigned from all of the Securities Exchange agreement, on May 6, 2014 (the effective date of closing of the transactions under the Share Exchange Agreement), the Reporting Person resigned from all of the Securities Exchange agreement, on May 6, 2014 (the effective date of closing of the transactions under the Share Exchange Agreement, the Reporting Person resigned from all of the Securities Exchange agreement, and the Share Exchange Agreement, the Reporting Person resigned from all of the Securities Exchange agreement, and the Share Exchange Agreement, and the Sh

/s/ Andreas A. McRobbie-Johnson 01/22/2016

** Signature of Reporting Person Date

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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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 Number.