

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0287
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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 and Address of Reporting Person* <u>Moore Donna S</u> <hr/> (Last) (First) (Middle) <u>605 W. KNOX RD., SUITE 202</u> <hr/> (Street) <u>TEMPE, AZ 85284</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>eWELLNESS HEALTHCARE Corp [NA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>Former Secretary/Treasurer/CFO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/06/2014</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price				
<u>Common Stock, par value \$0.001 per share</u>								<u>5,000</u>	<u>D</u>		

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					

Explanation of Responses:

Remarks:

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 (f/k/a 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"), on May 6, 2014 (the effective date of closing of the transactions under the Share Exchange Agreement), the Reporting Person resigned from all of her positions with eWellness Healthcare, including, but not limited to, secretary, treasurer and chief financial officer. In addition, the Reporting Person does not beneficially own 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 Act of 1934.

/s/ Donna S. Moore 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.