FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|---|---------------|-----------------|--|--|---|--------|-----------------------|-------------------|--|---|--|---|--------------------------------------|---|--|--|
| Name and Address of Reporting Person* Walsh Des | | | | | 2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) 1800 CENTURY PARK EAST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/22/2008 | | | | | | X Officer (give title below) Other (specify below) EVP/Ops. & Sales | | | | | |
| (Street) | | | | 4. If | 4. 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 | | | | | |
| LOS ANGELES, CA 90067 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | Execu | | , if (| if Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned Following Reported Transaction(s) | | Following | Form: | 7. Nature of Indirect Beneficial |
| | | | | (Mon | th/Day/Ye | ear) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | or (I) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 07/22/2008 | | | | F | | 332 | D | \$ 38.655 | 15,150 | | | D | |
| Common Stock (1) | | 09/10/2008 | | | | A | | 60 | A | \$ 0 | 15,210 | ,210 | | D | | |
| Reminder: | Report on a s | separate line i | Table II | - Deriv | | uritie | s Acqu | Per cor the | rsons whatained in form dis | no resp n this f splays of, or B | form are a curre eneficial | e not requ | OMB con | formation spond unle trol numbe | ess | C 1474 (9-02) |
| Security | | | Execution D v/Year) any | Date, if | 4. Transaction Code Year) (Instr. 8) | | Number | | and Expiration Date (Month/Day/Year) | | Am Und Sec | itle and ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Securit Direct or India | Beneficial Ownersh (Instr. 4) |
| | | | | C | Code | V (| A) (I | | te ercisable | Expirat Date | ion Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|-------------------------------------|---------------|--------------|------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Walsh Des 1800 CENTURY PARK EAST | | | EVP/Ops. & Sales | | | | | |
| LOS ANGELES, CA 90067 | | | _ | | | | | |

Signatures

| | Vicki Tuchman by Power of Attorney | 09/12/2008 | | |
|---|------------------------------------|------------|--|--|
| , | -*Signature of Reporting Person | Date | | |

Explanation of Responses:

- * 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).
- (1) Consists of dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan.

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.