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 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 Type Responses) 1. Name and Address of Reporting Person* DeSimone John		2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 800 W. OLYMPIC BOULEVARD, #406			3. Date of Earliest Transaction (Month/Day/Year) 03/19/2010					X Officer (give title below) Other (specify below) Chief Financial Officer				
(Street) LOS ANGELES, CA 90015			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	Date	nth/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		f(D)	(D) Beneficially Owne Reported Transacti		l Following	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V Am	ount (A) or (D)	Price	(Instr. 3 a	str. 3 and 4)		\ /	Ownership (Instr. 4)
Common Stock	03/1	19/2010		A ⁽¹⁾	110	A	\$ 0	31,546			D	
Reminder: Report on a sep	parate line for each	class of securi	ties beneficially ow		Persons containe	ctly. who respon d in this for displays a c	n are	not requ	uired to res	spond unles	ss	1474 (9-02)
Reminder: Report on a sep	parate line for each	class of securi	ties beneficially ow		Persons containe	who respon	n are	not requ	uired to res	spond unles	ss	1474 (9-02)
1. Title of Derivative Conversion Decurity or Exercise (March 2)	parate line for each	Table II - E	Derivative Securities, puts, calls, wa e, if Transaction Code (ear) (Instr. 8)	es Acquires rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Persons contained the form ed, Dispositions, com 6. Date E. and Expir (Month/D	who respond in this form displays a control of the desired of, or Benevertible security sercisable attion Date	ficiallities) 7. Ti Amo Unde	not requ ntly valid	OMB cont	spond unles	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners: (Instr. 4
1. Title of Derivative Security (Instr. 3) 2. Conversion D or Exercise (N Price of Derivative	s. Transaction Date	Table II - E	Derivative Securities.g., puts, calls, wa 4. e, if Transaction Code (ear) (Instr. 8)	es Acquires rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed	Persons contained the form ed, Dispositions, com 6. Date E. and Expir (Month/D	who respond in this form displays a control of the desired of, or Benevertible security sercisable attion Date	ficiallities) 7. Ti Amo Unde Secu	e not requently valid ly Owned ttle and bunt of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Owners! Form of Derivati Security Direct (1 or Indire s) (I)	11. Nat of Indir Benefic Owners: (Instr. 4
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DeSimone John 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			Chief Financial Officer			

Signatures

John DeSimone by Brett R. Chapman, Attorney-in-Fact	03/22/2010
**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).
- 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.