FORM 4

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

OMB APPRO	VAL				
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 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

1. Name and Address of Reporting Person – JOHNSON MICHAEL				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
800 W. OLY		3. Date of Earliest Transaction (Month/Day/Year) 05/07/2010								X_Officer (give title below) Other (specify below) Chairman & CEO							
(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)			Tab	le I - I	Non-D	erivative	Securities	s Acqu	ired, Di	sposed o	f, or Benefi	cially Owne	d	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				2A. Deemed Execution Date, if any (Month/Day/Year)		e, if Coo	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			3				Form:	7. Nature of Indirect Beneficial Ownership
							Code	V	Amoun	(A) or (D)	Price	(Ilisu. 3 and 4)				(Instr. 4)	
Common Sto	ck (1)		05/07/2010	A 27,245 A \$0 401,333					D								
Common Stock												56,561				I	Through Michael O. Johnson IRA
Reminder: Repor	rt on a separa	te line for each cla		- Derivativ	e Secu	rities A	cquire	Perso in this a curr	s form a rently va posed of	are not re alid OMB f, or Benefi	quired contro	d to resp ol numi	pond ur		n containe orm displa		C 1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion Date Excore Exercise (Month/Day/Year) any			e, if Transaction of Code Secretar) (Instr. 8) Acq or E of (Instr. 8)		5. Numb of Deriv Securition Acquired or Disponding of (D)	Number 6 Derivative curities quired (A) Disposed (D) sstr. 3, 4,		(Month/Day/Year)		7. Ti of Un Secu	7. Title and Ar of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owner Form of Deriva Securi Direct or Indi	tive Ownersh (y: (Instr. 4)
				Code	V	(A)		Date Exercis	sable Da	xpiration ate	Title	;	Amount or Number of Shares		(Instr. 4)	(Instr.	4)
Stock Appreciation Rights	\$ 45.88	05/07/2010		A		66,208		(2	05	5/07/2017	/	nmon	66,208	\$ 0	66,208	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
JOHNSON MICHAEL 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015	X		Chairman & CEO			

Signatures

Michael O. Johnson by Brett R. Chapman, attorney-in-fact	05/11/2010
**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 restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of common stock on (1) vesting. These units vest on May 7, 2013, unless the Company meets a specified performance target for fiscal 2010, in which case these units will vest in 1/3rd increments on each of the first three annivesaries of the grant date.
- (2) Consists of stock appreciation rights granted under the Herbalife Ltd. 2005 Stock Incentive Plan, of which 20% will vest on May 7, 2011, 20% will vest on May 7, 2012 and the remaining 60% will vest on May 7, 2013.

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.