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 Ty	pe Response	s)															
Name and Address of Reporting Person * Zimmer Thomas				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]							mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) SVP, North America 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned					
(Last) (First) (Middle) 800 W. OLYMPIC BOULEVARD, #406 (Street) LOS ANGELES, CA 90015					Date of Earliest Transaction (Month/Day/Year) 05/28/2010 If Amendment, Date Original Filed(Month/Day/Year)												
				4. If .													
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Securities						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		, if	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)			Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial			
				(Mon	th/Day/Ye	ear)	Co	de	V	Amoun	(A) or (D)	Price	(Instr. 3 a	ina 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/28/2010				Α	(1)		27	A \$	0 8	12,229			D	
Common	Stock		05/29/2010				F	<u>2)</u>		336	$D = \begin{bmatrix} \$ \\ 4 \end{bmatrix}$	§ 45.15	11,893			D	
			Table II -					quire	cont the f ed, Di	ained in form dis	n this for splays a o	m are curre eficial	not requesting ntly valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)			n 3A. Deemed Execution Da any	4. Transaction Code Year) (Instr. 8)		5 N o C C S A (A C C C C C C C C C C C C C C C C C	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. T Ame Und Seco	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 Derivati Security Direct (1 or Indire	Beneficia Ownershi (Instr. 4) O)
					Code				Date Exer		Expiration Date	n Title	Amount or Number of				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Zimmer Thomas 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			SVP, North America				

Signatures

Thomas Zimmer by Brett R. Chapman, Attorney-In-Fact	06/02/2010
**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).
- (1) Consists of dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan.

 Pursuant to the Issuer's 2005 Stock Incentive Plan and the terms of the related award agreement, shares of the Issuer's common stock are issued to the Reporting Person as his restricted stock units vest, with a portion of the newly issued shares automatically withheld by the Issuer to satisfy the resulting withholding tax obligation. This Statement of
- (2) Changes of Beneficial Ownership has been filed to reflect that withholding of shares due to a recent vesting of restricted stock units held by the Reporting Person. The withholding of the newly issued shares occurred automatically upon the vesting of the restricted stock units, and as such, no investment decision was made by the Reporting Person in connection with this transfer.

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.