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 * Hienrich Edi				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner				
800 W. OLYMPIC BLVD. SUITE 406				3. Date of Earliest Transaction (Month/Day/Year) 05/28/2010						X_Officer (give title below) Other (specify below) SVP/Managing Director EMEA				
(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										
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial	
				(Month/Day/Year	Code	e V	Amoun	(A) or (D)	Price	or (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		05/28/2010		A(1)	<u>)</u>	50	A	\$ 0	12,937			D	
Common	Stock		05/29/2010		F ⁽²⁾	!	82	D	\$ 45.15	12,855			D	
Common	Stock		05/28/2010		A(1)	1	3	A	\$ 0	616			I	By Wife
Common	Stock		05/29/2010		F ⁽²⁾	!	65	D	\$ 45.15	551			I	By Wife
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially o		Per con the	sons wh tained in form dis	no respo n this fo splays a	orm are	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
	l _a		(e.g., puts, calls, w	arrants,	option	s, conver	tible sec	urities)				2 4 2	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da (Year) any	4. Transaction Code Year) (Instr. 8)	5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	mber and Expiration Date (Month/Day/Year) ivative urities quired or posed D) str. 3,		Amo Und Secu	tle and unt of Derivative Security (Instr. 5) Amount			Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownersh ty: (Instr. 4)	
				Code V	(A) (I			Expiration Date	on Title	or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Hienrich Edi 800 W. OLYMPIC BLVD. SUITE 406 LOS ANGELES, CA 90015			SVP/Managing Director EMEA			

Signatures

Edi Hienrich by Brett R. Chapman, Attorney-in-Fact
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**Ginature GP and the Posses	Date	
—Signature of Reporting Person	Dute	

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, 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 Changes of Beneficial Ownership has been filed to reflect that withholding due to a recent vesting of restricted stock units held by the Reporting Person. No investment decision was made by the Reporting Person and the Reporting Person is incapable of determining the timing of the withholding.

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.