FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-028
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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

Name and Address of Reporting Person* Fernandez Calero Miguel Angel			I	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) 800 W. OLYMPIC BLVD., SUITE 406			(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2011							Director 10% Owner X Officer (give title below) Other (specify below) SVP/Managing Director Mexico				
(Street)			4	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	6. Individual or Joint/Group FilingCheck Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned				
LOS ANGELES, CA 90015 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						Acquired, D					
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Fernandez Calero Miguel Angel 800 W. OLYMPIC BLVD., SUITE 406 LOS ANGELES, CA 90015			SVP/Managing Director Mexico		

Signatures

Miguel Fernandez Calero by Brett R. Chapman, Attorney-in-Fact	05/20/2011
**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 stock appreciation rights granted under the Herbalife Ltd. 2005 Stock Incentive Plan, of which 20% will vest May 18, 2012, 20% will vest May 18, 2013, and 60% will vest May 18, 2014.

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.