FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

ì	pe Response		*										5 Dalat:	andria - CD	outing Dec	m(a) to I	
1. Name and Address of Reporting Person * CHAPMAN BRETT				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]							mbol	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) 06/10/2011							/Year)	X Officer (give title below) Other (specify below) General Counsel					
(Street) LOS ANGELES, CA 90015				4. If Amendment, Date Original Filed(Month/Day/Year)							/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm 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) 2. Transaction Date (Month/Day/Year)						(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			of (D)	D) Beneficially Owned Following Reported Transaction(s)			Ownership o Form: B	Beneficial	
			(Month/Day/Year)		(ear)		ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		06/10/2011				_	A		238 (1) A	\$ 0	70,028	(2)		D	
Common Stock												200 (3)		I	By Children		
			Table II - l					quire	conta the fo	ained in orm dis sposed	n this for splays a of, or Ben	rm are curre reficia	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1 Title of	l ₂	2 Tuomas ation				_	rrant 5.	ts, op			tible secu			O Dries of	9. Number	of 10	11 Notes
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transactior Date (Month/Day/Y			Code	ion 1			6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Uno Sec	Title and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	
					Code	V	(A)	(D)	Date Exerc		Expiratio Date	n Titl	Amount or Number of Shares				

Reporting Owners

		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ľ	CHAPMAN BRETT						
	$800~\mathrm{W.}$ OLYMPIC BOULEVARD, #406			General Counsel			
	LOS ANGELES, CA 90015						

Signatures

Brett R. Chapman	06/13/2011			
**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 dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan.
- (2) On May 17, 2011, the common stock of Herbalife Ltd. split 2-for-1, resulting in the reporting person's acquisition of 34895 additional shares of common stock.
- (3) On May 17, 2011, the common stock of Herbalife Ltd. split 2-for-1, resulting in the reporting person's acquisition of 100 additional shares of common stock.
- (4) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed as an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or any other purpose.

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.