FORM	4
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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).

(Print or Type Perponses)

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

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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 Per Fleming Ibelis	2. Issuer Name ar HERBALIFE L			iding Sym	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
800 W. OLYMPIC BLVD., SU	(Middle) ITE 406	3. Date of Earliest Transaction (Month/Day/Year) X_Officer (give title below) Other (give title below) 11/30/2011 SVP/Managing Dir North August							Other (specify lorth America	<i>'</i>
(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)	Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	•	Code (Instr. 8)		*			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: of Indirect Beneficia	Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	11/30/2011		А		7 <u>(1)</u>	А	\$0	9,622	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts calls warrants ontions convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)																	
1. Title of			3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature		
	Conversion		Execution Date, if	Transacti	on	Numl	Number and Expi			Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		of	f (Month/Day/Year)		/Year)	Underlying Se		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					Secur	rities			(Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security					Acqu	ired			4)			Following	Direct (D)			
						(A) o	A) or						Reported	or Indirect			
						Disposed						Transaction(s)	(I)				
						of (D)						(Instr. 4)	(Instr. 4)			
						(Instr	. 3,										
						4, and	15)										
											Amount						
								D .	.		or						
									Expiration		Number						
								Exercisable	Exercisable	Exercisable	Date		of				
				Code	V	(A)	(D)				Shares						

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Fleming Ibelis 800 W. OLYMPIC BLVD., SUITE 406 LOS ANGELES, CA 90015			SVP/Managing Dir North America						

Signatures

Ibelis Fleming by Brett R. Chapman, Attorney-in-Fact	12/01/2011		
**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).
- Consists of dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan. (1)

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.