## 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 Typ	e Response	s)														
1. Name and Address of Reporting Person* Walsh Des				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title below)  President  Other (specify below)				
(Last) (First) (Middle) 800 W. OLYMPIC BOULEVARD, #406				3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person  lired, Disposed of, or Beneficially Owned					
LOS ANGELES, CA 90015 (City) (State) (Zip)				Table I - Non-Derivative Securities Acou						Acqui						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	te, if	3. Transac Code (Instr. 8)		4. Securi		rities Acquired		5. Amount of Securities Beneficially Owned Fo Reported Transaction(s		es 6 ollowing (s) F	6. Ownership Form:	Beneficial
				(Month/Day/	r ear)	Сос	de	V A	moun	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		02/27/2014			F.C	I)	9	,769	D S	\$ 0	97,599			D	
				Derivative Sec			tl	he for	m dis	plays a c of, or Bene	urrer ficiall	ntly valid	OMB con	spond unle trol numbe		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	Execution Da any	tte, if Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)	
				Code	v	(A) (				Expiration Date	Title	Amount or Number of Shares				
Report	ting O	wners														

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Walsh Des 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			President			

## **Signatures**

Desmond J. Walsh by James Berklas, Attorney-in-Fact	03/02/2014	
**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).
  - 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 or her 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
- (1) Statement of 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.