

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0104 | | | | |
| Estimated average burden | | | | | |
| nours per respons | se 0.5 | | | | |

INITIAL STATEMENT OF 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 Respon | ises) | | | | | | | | | | |
|--|------------------------|--|---|---|--|--|--|---|---|--|--|
| Name and Address of Reporting Person Montelongo Michael | | 2. Date of Event Requiring Statement (Month/Day/Year) 04/23/2015 | | | 3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF] | | | | | | |
| (Last) (First) (Middle) 800 W. OLYMPIC BLVD, 406 | | | | Issuer | f Reporting Person | \ / | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | | |
| LOS ANGELES, | (Street) , CA 90015 | | | | | | (Check _X_ Director Officer (give tit | t all applicable) 10% Owner Other (specification) | cify Applicab _X_Form | 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 Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 4) | | | В | 2. Amount of Securities Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative (Instr. 4) | ative Security 2 a (| | Date Exercisable ad Expiration Date (onth/Day/Year) | | 3. Title and An | | Amount of aderlying Derivativ | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | | Expiration Date | Title Amount or Number of Shares | | nt or Number of | Security | (D) or Indirec (I) (Instr. 5) | | |
| | | | | | | | | | | | |

Reporting Owners

| Danauting Owner Name / | Relationships | | | | |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Montelongo Michael 800 W. OLYMPIC BLVD 406 LOS ANGELES, CA 90015 | X | | | | |

Signatures

| Michael Montelongo by Mark J. Friedman, Attorney-in-Fact | 05/04/2015 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.