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

1. Name and Address of Reporting Person – Hoffman Alan L (Last) (First) (Middle) 800 W. OLYMPIC BLVD, SUITE 406				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) Other (specify below) EVP, Global Corporate Affairs 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by More Reporting Person Form filed by More than One Reporting Person					
				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2016 4. If Amendment, Date Original Filed(Month/Day/Year)										X O	
														X Form	
LOS ANGELES, CA 90015 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						Acquired, Di	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date any (Month/Day/Ye		(Instr. 8)		(A) o	curities Acquire r Disposed of (1 . 3, 4 and 5)	Owned Followin Transaction(s)			C	Ownership of I	Beneficial	
				(Month/D	ay/ Y ear)	(Year)		V Amo	(A) or (D) P	(Instr. 3 and 4)			(Direct (D) or Indirect (I) Instr. 4)	Ownership Instr. 4)
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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, i	4. Transact	5. No of D Secu Acqu or D of (I	umber erivati arities uired (A isposed D) r. 3, 4,	quired, l s, option 6. Da Expi (Mon	s form a rrently v Disposed ns, conver ate Exerci	re not require alid OMB cor of, or Benefici tible securities sable and te	ed to respondent of the second	Amount	s the form 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To 10. Ownersh: Form of Derivativ Security: Direct (D) or Indirect	11. Nature of Indire Benefici Owners! (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transact	5. No fion of D Secu Acqu or D of (I (Inst	umber erivati urities uired (lisposed), r. 3, 4, 5)	this current the current that the curren	s form a rrently v Disposed ns, conver ate Exerci iration Da nth/Day/Y	re not require alid OMB cor of, or Benefici tible securities sable and te	ally Owned 7. Title and of Underlying Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Townersh Form of Derivativ Security: Direct (Dor Indirect	11. Nature of Indire Benefic Owners (Instr. 4

D (O V	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hoffman Alan L 800 W. OLYMPIC BLVD SUITE 406 LOS ANGELES, CA 90015			EVP, Global Corporate Affairs				

Signatures

/s/ Mark J. Friedman, Attorney-in-Fact for Alan Hoffman	05/13/2016
**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) On March 2, 2015, the reporting person was granted an award of 53,017 stock appreciation rights ("SARs"). The amount and timing of the vesting of these SARs is dependent upon the Company's achievement of certain performance criteria for each of fiscal 2015, 2016 and 2017. The performance criteria was met in 2015, resulting in the vesting of 10,603 SARs.

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.