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

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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 Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|----------------|--------------------------------------|--|---------|-----------------------|---------|--|---------|-----------------|-----------------------------------|--|--|---|---|--|--|------------|
| Name and Address of Reporting Person * Lamberti Frank | | | | 2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| 800 W. OLYMPIC BLVD., SUITE 406 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2016 | | | | | | | | X Officer (give title below) Other (specify below) SVP, Managing DirNorth Asia | | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | |
| LOS AN (City | | (State) | (Zip) | | | | | ъ . | | G *** | | | 1.00 | 1 6 1 | | | , | |
| | | · · · | | 24 5 | | | | - | | | | | | | Beneficially | 1 | | 27. |
| 1.Title of S (Instr. 3) | security | | 2. Transaction Date (Month/Day/Year) | | | if Code (Instr. 8) | | (A) or Dispos (Instr. 3, 4 an | | Disposed | l of (D) Bene 5) Repo | | Beneficial Reported | Amount of Securities eneficially Owned Following eported Transaction(s) | | Ownership of Form: | | Beneficial |
| | | | | (Month/Day/Year) | | | ode | V Amount (A) or (D) | | Pric | | | | wnership nstr. 4) | | | | |
| Common Stock 07/15/201 | | 07/15/2016 | | | S | (1) | | 1,237 | D | \$ 66. | 9,282 | | | | D | | | |
| | | | Table II - 1 | | | | equire | the fo | orm dis | splays a | a cur | rent cially | tly valid | | spond unle trol numbe | | | |
| 1. Title of | 12 | 3. Transaction | | <i>e.g.</i> , puts, c | alls, w | arran 5. | ts, op | | | | | | le and | & Drice of | 9. Number | of 10 | n | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | | Execution Da (ear) any | tte, if Transaction Code Year) (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | A U S | Amou Inder Iecuri Instr. | ınt of rlying | | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y O Fo D So O O O O O O O O O O O O O O O O O O | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficia Ownershi (Instr. 4) | |
| | | | | Cod | e V | | | Date Exerc | cisable | Expiration Date | on T | itle | Amount or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

| | Relationships | | | | | | | |
|--|---------------|--------------|-----------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Lamberti Frank 800 W. OLYMPIC BLVD., SUITE 406 LOS ANGELES, CA 90015 | | | SVP, Managing DirNorth Asia | | | | | |

Signatures

| /s/ Eileen Uy, Attorney-in-Fact for Frank La | mberti | 08/01/2016 | | |
|--|--------|------------|--|--|
| **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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 3, 2016.

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.