## 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 Ty  | pe Response   | s)            |  |  |   |   |        |  |               |                    |   |   |  |  |  |                         |             |
|---|---|---------------|--|--|---|---|--------|--|---------------|--------------------|---|---|--|--|--|-------------------------|-------------|
| 1. Name and Address of Reporting Person* Wang Henry C     |   |               |  | 2. Issuer Name and Ticker or Trading Symbol HERBALIFE NUTRITION LTD. [HLF] |   |   |        |  |               |                    |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title below)  EVP, General Counsel         |  |  |  |                         |             |
| (Last) (First) (Middle)<br>800 W. OLYMPIC BLVD. SUITE 406 |   |               |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021 |   |        |  |               |                    |   |   |  |  |  |                         |             |
| (Street) LOS ANGELES, CA 90015                            |   |               |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                       |   |   |        |  |               |                    | n/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 |  |  |  |                         |             |
| (City   |   | (State)       | (Zip)                                      |  |   | Ta  | able I | - Non  | -Der          | ivative S          | Securitie   | es Acqu   | ıired, Disp  | osed of, or l  | Beneficially O                         | wned                    |             |
| 1.Title of Security (Instr. 3)                            |   |               | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, any<br>(Month/Day/Yea                        | ĺ   | f Code<br>(Instr. 8)  |        | 4. Securities Acqui<br>(A) or Disposed of<br>(Instr. 3, 4 and 5) |               | of (D)             | (D) Beneficially Owned Follo<br>Reported Transaction(s) |   | Collowing (s)  | Ownership  | Beneficial                             |                         |             |
|   |   |               |  | (Mont  | :h/Day/   | Y ear)  |        | ode  | V             | Amoun              | (A) or (D)  | Price   | ,  |  | \ /                                    | Ownership<br>(Instr. 4) |             |
| Commor  | n Stock   |               | 02/08/2021                                 |  |   |   | 1      | A  |               | 19,30 <sup>4</sup> | 4 A   | \$ 0  | 29,443   | 43   |  | )                       |             |
| Common Stock 02/0   |   | 02/08/2021    |  |  |   | F   |        | 6,966<br>(2)   | D             | \$<br>55.83        | 22,477  | 77  |  | )  |  |                         |             |
|   |   |               |  |  |   |   |        | quire  | cont<br>the f | ained in orm dis   | n this fo<br>splays a<br>of, or Be                      | orm ar<br>a curre<br>eneficia   | e not requently valid  |  | ormation<br>spond unles<br>rol number. | s                       | 1474 (9-02) |
|   |   |               |  |  |   |   |        | ts, op   |               |                    | tible sec   |   |  | l  |  |                         |             |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Ye | Year) Execution Da                         | 4. Transaction Code Year) (Instr. 8)                                       |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |        | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year)   |               | Am<br>Und<br>Sec   | Fitle and count of derlying curities str. 3 and         | Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ownersh<br>Form of<br>Derivating<br>Security<br>Direct (I<br>or Indire | Beneficia<br>Ownersh<br>(Instr. 4)     |                         |             |
|   |   |               |  |  |   |   |        |  | Date          |                    | Expiration Date   | on Titl   | Amount<br>or<br>Number   |  |  |                         |             |

### **Reporting Owners**

|     | Reporting Owner Name / Address                                  |  | Relationships |                      |       |  |  |  |  |
|-----|---|--|---------------|----------------------|-------|--|--|--|--|
|     |   |  | 10%<br>Owner  | Officer              | Other |  |  |  |  |
| 800 | ng Henry C<br>W. OLYMPIC BLVD. SUITE 406<br>S ANGELES, CA 90015 |  |               | EVP, General Counsel |       |  |  |  |  |

### **Signatures**

| Lisa Kwon, as Attorney-In-Fact for Henry Wang | 02/10/2021 |
|---|------------|
| **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) Represents common shares earned by the Reporting Person in connection with the vesting of performance share units ("PSUs") granted under the Herbalife Ltd. 2014 Stock Incentive Plan based on pre-established performance goals for a 2018-2020 performance period.
- (2) Units withheld to satisfy tax withholding obligations in connection with the vesting of PSUs.

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.