

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | |
|------------------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden hours per | | | | |
| response | 0.5 | | | |

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 Responses) | | | | | | | | | | |
|--|----------|------------------|--|--|---|--|--|--|------------|--|
| Name and Address of Reporting Person PETERSON JOHN OWEN | | (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF] | | | | | | |
| P.O. BOX 106 | (First) | (Middle) | - 03/20/2007 - | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below) | | 5. If Amendn | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| GOV DEBY GO 00400 | (Street) | | | | | | _X_ Form filed b | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| GOLDEN, CO 80402 | | | | | | | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| | | | (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Shares | | | 70,779 | | D | | | | | |
| 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 Security (Instr. 4) | | Expiration Date | | Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | Title | Amount or Numb | er of Shares | | (Instr. 5) | |

Reporting Owners

| Reporting Owner Name / | Relationships | | | | |
|------------------------|-----------------------|---|---------|-------|--|
| Address | Director 10% Owner | | Officer | Other | |
| PETERSON JOHN OWEN | | | | | |
| P.O. BOX 106 | | X | | | |
| GOLDEN, CO 80402 | | | | | |

Signatures

| /s/ John Peterson | 03/28/2007 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- \star 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).

Remarks:

The reporting person may be deemed to be a member of a Section 13(d) group that owns more than 10% of the issuer's outstanding common shares. The reporting person expressly disclaims membership in a group with any other person.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{See}\ Instruction\ 6 for procedure.$

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.