

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 Responses)

1. Name and Address of Reporting Person * CHAPMAN BRETT (Last) (First) (Middle) C/O HERBALIFE INTERNATIONAL, INC., 1800 CENTURY PARK EAST (Street) LOS ANGELES, CA 90067 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/15/2004	3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">General Counsel</div>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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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)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Non-Qualified Stock Option	(1)	10/06/2013	Common Stock	75,000	\$ 5	D	
Non-Qualified Stock Option	(1)	10/06/2013	Common Stock	21,875	\$ 7	D	
Non-Qualified Stock Option	(2)	09/01/2014	Common Stock	15,000	\$ 9	D	
Non-Qualified Stock Option	(1)	10/06/2013	Common Stock	21,875	\$ 11	D	
Non-Qualified Stock Option	(2)	09/01/2014	Common Stock	15,000	\$ 13	D	
Non-Qualified Stock Option	(3)	12/01/2014	Common Stock	137,500	\$ 15.5	D	
Non-Qualified Stock Option	(1)	10/06/2013	Common Stock	21,875	\$ 17	D	
Non-Qualified Stock Option	(2)	09/01/2014	Common Stock	15,000	\$ 17	D	
Non-Qualified Stock Option	(2)	09/01/2014	Common Stock	15,000	\$ 21	D	
Non-Qualified Stock Option	(1)	10/06/2013	Common Stock	21,875	\$ 23	D	
Non-Qualified Stock Option	(2)	09/01/2014	Common Stock	15,000	\$ 25	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

CHAPMAN BRETT C/O HERBALIFE INTERNATIONAL, INC. 1800 CENTURY PARK EAST LOS ANGELES, CA 90067			General Counsel	
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Signatures

/s/ Vicki Tuchman, by power of attorney		12/13/2004
<small>**Signature of Reporting Person</small>		<small>Date</small>

Explanation of Responses:

- * 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).
- (1) Options vest quarterly in 5% increments beginning on 12/31/03.
- (2) Options vest quarterly in 5% increments beginning on 9/30/04.
- (3) Options vest in three equal installments on 12/1/07, 12/1/08, and 12/1/09.

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.