

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per respons	se 0.5			

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)								
Name and Address of Reporting Person* Waisbein Leon	2. Date of Event Requiring Statement (Month/Day/Year) 07/29/2005		3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]					
(Last) (First) (Middle) 1800 CENTURY PARK EAST			4. Relationship of Issuer	1 6	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) LOS ANGELES, CA 90067			(Check all applicable) _X_ Director		Applicable I X Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		vned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	284,091			D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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)								
(Instr. 4) and Expiration Date (Month/Day/Year) Set			Amount of nderlying Derivative	Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expira Exercisable Date	Title Amour	nt or Number of	(I)	(D) or Indirect (I) (Instr. 5)			
Reporting Owners								

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Waisbein Leon 1800 CENTURY PARK EAST LOS ANGELES, CA 90067	X				

Signatures

Vicki Tuchman by power of attorney	08/03/2005	
**Signature of Reporting Person	Date	

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).

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.