## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Type Ke	европосв)			1										
1. Name and Address of Reporting Person* Gaba Hal			2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) 1800 CENTURY PARK EAST			3. Date of Earliest Transaction (Month/Day/Year) 02/29/2008						Office	r (give title belo	ow)	Other (specify	pelow)	
(Street) LOS ANGELES, CA 90067			4. If Amendment, Date Original Filed(Month/Day/Year)						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 Acqu					Acqui	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	ate, if Code (Instr. 8)		(A) or Disposed of (D)			Reported Transaction(s)			Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	ind 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Sto	ock		02/29/2008		P		5,000	1 /	\$ 42.05	7,484			D	
Common Stock		03/03/2008		P		5,000		\$ 44.36	6 12,484			D		
Reminder: Repo	ort on a sep	parate line fo	r each class of secur	ities beneficially ov	vned direc	Pers	sons wh	o respo	rm are	not requ		ormation		1474 (9-02)
				Derivative Securiti e.g., puts, calls, wa		ed, D	isposed (	of, or Ber	neficial		OMB con	trol numbe		

### **Reporting Owners**

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

### **Signatures**

Vicki Tuchman by Power of Attorney	03/03/2008
**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).

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.