FORM	4
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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).

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

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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 Respon	ses)		-								
1. Name and Address JOHNSON MIC	2. Issuer Name HERBALIFE				ymbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
800 W. OLYMP	3. Date of Earlie 04/02/2009	st Transact	tion (Month/Da	ay/Yea	X Officer (give title below) Other (specify below) Chairman & CEO					
LOS ANGELES,	4. If Amendmen	t, Date Ori	ginal	Filed(Mon	th/Day/Y	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)	1	ſable I - N	on-E	Derivative	Secur	ities Acc	uired, Disposed of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed 3. Execution Date, if Transaction any Code (Month/Day/Year) (Instr. 8)		on	(A) or Disposed of (D) I (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(lnstr. 4)	
Common Stock		04/02/2009		А		232 (1)	А	\$ 13.47	341,966	D	
Common Stock		04/02/2009		F		2,416	D	\$ 16.08	339,550	D	
Common Stock									56,561	I	Beneficially owned through Michael O. Johnson IRA

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

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 Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities	1		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired	4		4)			Following	Direct (D)	
						· ·	(A) or					1	or Indirect		
						Disposed							Transaction(s)		
						of (D	· · · · · · · · · · · · · · · · · · ·						(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
						4, and	15)								
										Amount					
								Data	Emination		or				
									Expiration Expiration Date		Number				
								Exercisable			of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
JOHNSON MICHAEL 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015	X		Chairman & CEO		

Signatures

Michael O. Johnson by Richard Strulson, Attorney in Fact	04/02/2009	
**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) Consists of dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 Stock Incentive Plan.

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.