## FORM 4

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

OMB APPROVAL
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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).

(Print or Type Responses)

#### 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

Name and Address of Reporting Person *- Zimmer Thomas				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]							1	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 800 W. OLYMPIC BOULEVARD, #406				3. Date of Earliest Transaction (Month/Day/Year) 01/15/2010							ar)		X Officer (give title below) Other (specify below)  SVP, North America				
		(Street)	4	4. If Ame	ndm	ent, E	Date Ori	ginal	Filed(1	Month/Day	/Year)		. Individual o		p Filing(Check Person	Applicable Li	ne)
LOS ANO	GELES, CA	A 90015										-	_ Form filed by	More than One	Reporting Person		
(City)	)	(State)	(Zip)				Table I	- No	n-Der	ivative S	Securitie	s Acquir	ed, Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		Owned Follo Transaction(s (Instr. 3 and		/		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
Common	Stock		01/15/2010				Coo			Amount 3,750	(D)	Price \$ 14   1	7 204			Instr. 4)	
Common			01/15/2010				N			3,750	A	\$	20,954			)	
Common	Stock		01/15/2010				S	1)	,	7,500	D	\$ 44   1	3,454		]	D	
Common	Stock		01/19/2010				N	1		3,750	A	\$ 15   2	22,204		1	D	
Common	Stock		01/19/2010				S			3,750	D	\$ 45 1	3,454		]	D	
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date or Exercise (Month/Day/Year) any		3A. Deemed Execution Date, if	(e.g., puts, calls, wa 4. 5. Ni Transaction of Code Deri ar) (Instr. 8) Secu Acqu (A) 0 Disp of (I		umber vative varities uired or vosed D) tr. 3, 4,	display es Acquired, Disp erants, options, co mber 6. Date Exc Expiration (Month/Da esed 3, 4,		Date of Un- sy/Year) Securi		valid ON eficially (	Owned and Amount rlying es	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	(Instr. 4)	
				Code	V	(A)	(D)	Date Exer		Expira Date	ation	Title	or Number of Shares				
Non- Qualified Stock Options	\$ 14	01/15/2010		М			3,750		(2)	09/0	1/2014	Comm Stock	1 3 / 50	\$ 0	0	D	
Non- Qualified Stock Options	\$ 8.02	01/15/2010		М			3,750		(3)	04/03	3/2014	Comm Stocl	1 3 /50	\$ 0	0	D	
Non- Qualified Stock Options	\$ 15	01/19/2010		М			8,750		(4)	04/2	7/2015	Comm Stock	1 X /50	\$ 0	23,750	D	

### **Reporting Owners**

Reporting Owner Name / Address Director Owner Officer	Other

Zimmer Thomas			
800 W. OLYMPIC BOULEVARD, #406		SVP, North America	
LOS ANGELES, CA 90015			

#### **Signatures**

Thomas Zimmer by Brett R. Chapman, Attorney-in-Fact	01/20/2010	
**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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 21, 2009.
- (2) These options vested in 5% increments commencing on March 31, 2005 and on the last day of the nineteen subsequent calendar quarters.
- (3) These options vested in 5% increments commencing on April 3, 2004 and on the last day of the nineteen subsequent calendar quarters.
- $\textbf{(4)} \ \ These \ options \ vest \ in \ increments \ of \ 1,250 \ on \ the \ last \ day \ of \ each \ calendar \ quarter \ from \ 06/30/2005 \ until \ 03/31/2010.$

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.