FORM 4	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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SEC 1474 (9-02)

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 Responses)										
1. Name and Address of Reporting I JOHNSON MICHAEL	2. Issuer Name HERBALIFE				mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) 800 W. OLYMPIC BOULEV	3. Date of Earlies 06/07/2010	st Transact	ion (1	Month/Da	y/Year)	X_Officer (give title below) Other (specify below) Chairman & CEO				
(Street) LOS ANGELES, CA 90015	4. If Amendment	, Date Orig	ginal	Filed(Mont	h/Day/Yea	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 Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	Date I (Month/Day/Year) a	2A. Deemed Execution Date, if any Month/Day/Year)			4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	· · ·	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	06/07/2010		G <mark>(1)</mark>		28,798	D	\$0	394,591	D	
Common Stock	06/07/2010		G <u>(1)</u>		28,798	А	\$0	423,389	D	
Common Stock								56,561		Beneficially owned through Michael O. Johnson IRA

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 Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , 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	Transactio	on	Numl	Number and Expiration Date		on Date	Amount of Deriv		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)			Derivative		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Securities ((Instr	(Instr. 3 and			2	(Instr. 4)		
	Security					Acqu				4)			0	Direct (D)	
						(A) or						1. L	or Indirect		
						Disposed						Transaction(s)			
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Duit		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	Х		Chairman & CEO				

Signatures

Michael O. Johnson by Brett R. Chapman, attorney-in-fact

Signature of Reporting Person

06/08/2010

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) This report is voluntarily filed to reflect the contribution by the reporting person of 28,798 shares of the issuer's common stock to the Johnson Family Trust, a trust of which the reporting person is co-trustee and co-beneficiary.

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.