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

OMB APPROVAL				
OMB Number:	3235-0287			
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nours per response	e 0.5			

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

	pe Response	<i>5)</i>											
1. Name and Address of Reporting Person* Zimmer Thomas  (Last) (First) (Middle) 800 W. OLYMPIC BOULEVARD, #406  (Street)		2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]			5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  SVP, North America  6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
		3. Date of Earliest Transaction (Month/Day/Year)     02/18/2011      4. If Amendment, Date Original Filed(Month/Day/Year)									ow)		
LOS AN	GELES, C	CA 90015						_	Form me	ed by More man	One Reporting P	ISOII	
(City	)	(State)	(Zip)	T	able I - No	n-Derivative	Securities A	Acquir	acquired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)	(A) or	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		Beneficial	Transaction(	ollowing O s) Fe	Ownership of I	7. Nature of Indirect Beneficial Ownership
				(Wolldin/Day/Tear)	Code	V Amou	(A) or (D)	Price	msu. 5 ai	iu +)	(	` /	Instr. 4)
Reminder:	Report on a s	separate inic to		·		contained		n are	not requ	uired to res	pond unles	s	474 (9-02)
Reminder:	Report on a s	Separate line io	Table II - 1	Derivative Securit		contained the form d	in this forr lisplays a c	m are curren	not requ tly valid	ired to res OMB cont		s	474 (9-02)
1. Title of	•	3. Transaction	Table II - 1  1 3A. Deemed Execution Day	Derivative Security (e.g., puts, calls, w) 4. te, if Transaction Code Year) (Instr. 8)	arrants, o <sub>l</sub> 5.	contained the form d ed, Disposed tions, conve 6. Date Exc and Expira (Month/Da	in this form isplays a color of the color of	eficially ities)  7. Tit Amou Unde Secur	not requitly valid  y Owned  tle and unt of orlying	iired to res OMB cont	spond unlestrol number	To 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)

		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Zimmer Thomas 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			SVP, North America			

## **Signatures**

Thomas Zimmer by Brett R. Chapman, Attorney-in-Fact	03/01/2011
**Signature of Reporting Person	Date

# **Explanation of Responses:**

<sup>\*</sup> 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.