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).

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

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1. Name and Address of Reporting Person *- Walsh Des				2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]					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) 09/01/2011					X Officer (give title below) Other (specify below) President						
(Street)			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						
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1 Title of S	ecurity		2. Transaction	2A. Deemed	3. Transa						t of Securiti			7. Nature
1.Title of Security (Instr. 3)			Date	Execution Date, if any	Code (Instr. 8)	(A)			f (D)	Beneficial Reported	ly Owned Following Transaction(s)		Ownership Form:	of Indirect Beneficial
				(Month/Day/Year)	Code	V Am	ount ((A) or (D) I	Price	(Instr. 3 and 4)			\ /	Ownership Instr. 4)
Common	Stock		09/01/2011		Α	_		A 5	0 8	137,330			D	
Reminder: I	Report on a s	separate line for	each class of secur	ities beneficially ov		Persons	who r				ction of inf			474 (9-02)
Reminder: I	Report on a s	separate line fo	Table II - l	Derivative Securiti	es Acquir	Persons containe the form ed, Dispos	who r d in th displa	his forn ays a c or Bene	n are urren ficiall	not requ tly valid	ired to res	formation spond unlead trol number	ss	474 (9-02)
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1. Title of Derivative Security	2.	•	Table II - I (3A. Deemed Execution Da any	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	es Acquire	Persons contained the form ed, Dispositions, con 6. Date E and Expirited (Month/I	who r d in th displa ed of, o vertibl xercisa ration I	his form ays a c or Bene le securi able Date	ficially ficially fities) 7. Tit Amou Unde Secur	not requitly valid y Owned tle and unt of erlying	OMB conf	spond unle	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	ip of Indire Benefic (Owners (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Walsh Des 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			President		

Signatures

Desmond Walsh by Brett R. Chapman, Attorney-in-Fact	09/02/2011
**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).
- 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.