<b>FORM</b>	4
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ĺ	Check this box if no
	longer subject to
	Section 16. Form 4 or
	Form 5 obligations may
	continue. See
	Instruction 1(b)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Instruction 1(b). Company Act of 1940

(rint of Type Responses)											
1. Name and Address of Reporting Person <sup>*</sup> GOUDIS RICHARD		2. Issuer Name and T IERBALIFE LTI		uding	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner				
(Last) (First) 800 W. OLYMPIC BOULEVARD, #40	1	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2012						X_Officer (give title below)Other (specify below) Chief Operating Officer			
(Street) LOS ANGELES, CA 90015	4.	. If Amendment, Dat	e Original Fi	led(M	onth/Day/Ye	ar)	6. Individual or Joint/Group Filing(Check Applicable Line) 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     2. Transaction       (Instr. 3)     Date       (Month/Day/Ye		Execution Date, if			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported	Ownership	7. Nature of Indirect Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	x ,	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	05/31/2012		A <mark>(1)</mark>		271	А	\$0	110,014	D		

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 SEC 1474 (9-02) 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			3A. Deemed	4.		5. Number		6. Date Exer		7. Title and			9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	Transaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	ode Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Acquired (A)		(Instr. 3 and 4) (Inst		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					or Disposed of				Owned	Security:	(Instr. 4)			
	Security					(D)					Following	Direct (D)			
						(Instr. 3, 4,	,						Reported	or Indirect	
						and 5)	15)					Transaction(s)	(I)		
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Appreciation Rights	\$ 44.79	05/31/2012		А		118,426		<u>(2)</u>	05/31/2022	Common Stock	118,426	\$ 0	118,426	D	

### **Reporting Owners**

		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
GOUDIS RICHARD 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			Chief Operating Officer						

## Signatures

 Richard P. Goudis by Brett R. Chapman, Attorney-in-Fact
 06/04/2012

 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.

(2) Consists of stock appreciation rights granted under the Herbalife Ltd. 2005 Stock Incentive Plan, of which 20% will vest May 31, 2013, 20% will vest May 31, 2014, and 60% will vest May 31, 2015.

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.