# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* Fleming Ibelis					2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]						5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  SVP/Managing Dir North America						
(Last) (First) (Middle) 800 W. OLYMPIC BLVD., SUITE 406					3. Date of Earliest Transaction (Month/Day/Year) 08/21/2013						X							
(Street)				4. If	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						
LOS AN	GELES, C	CA 90015												_ 1 01111 1110	d by More man	One Reporting	i cison	
(City	)	(State)		(Zip)			T	able I - 1	lon-D	erivative	Securi	ities Ac	cquired	d, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Tran Date (Month		Execut any		e, if	Code (Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			B R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial
					(Month/Day/Year)		ear)	Code	V	Amount	(A) or (D)	Prio		(Instr. 3 and 4)				Ownership (Instr. 4)
Common	Stock		08/21	/2013				S		388	D	\$ 63.5	325 5	5,893			D	
	Report on a s	separate line	for each	ı class of secu	ırities b	peneficial	lly o	wned di	Pe	rsons wh	no res	•			ction of inf	ormation		1474 (9-02)
	Report on a s	separate line	for each	Table II -	Deriv	ative Sec	curit	ties Acq	Per con the	rsons whentained in the form disconnected in the contraction of the co	no res in this splays	form s a cu Benefi	are no irrently icially (	ot requ y valid	ired to res		ss	1474 (9-02)
Reminder:  1. Title of Derivative Security	•	3. Transacti Date	ion	Table II -  3A. Deemed Execution D	Deriva (e.g., p	ative Seconts, called	curition (	ties Acquarrants,	Pei coi the co	rsons who trained in the form distributed in the form distributed in the form distributed in the form of the form	of, or tible so Date / Year)	Benefice Guriting	are no arrently (ies) 7. Title Amoun Underly Securiti (Instr. 34)	ot requy valid  Owned  and nt of ying ies 3 and  Amount or	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natu of Indire Benefici: Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Fleming Ibelis 800 W. OLYMPIC BLVD., SUITE 406 LOS ANGELES, CA 90015			SVP/Managing Dir North America					

## **Signatures**

Ibelis Fleming by Brett R. Chapman, Attorney-in-Fact	08/23/2013
**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).

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.