FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person * CHRISTODORO JONATHAN			2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 800 W. OLYMPIC BLVD, SUITE 406			3. Date of Earliest Transaction (Month/Day/Year) 04/30/2014					•	Office	r (give title belo	ow)	Other (specify be	elow)	
(Street) LOS ANGELES, CA 90015			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					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					Acqui	l nired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	itle of Security 2. Transaction Date (Month/Day/Year			Code (Instr. 8)	(A	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Beneficia Reported		ally Owned Following Transaction(s)		Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V Aı	mount	(A) or (D)	(Instr. 3 and 4)			` /	Ownership Instr. 4)	
Common	Stock		04/30/2014		A ⁽¹⁾	2,	000	A	\$ 0	2,000			D	
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficially ov		Person	s who				ction of int	ormation		474 (9-02)
Reminder:	Report on a s	separate line fo	Table II - I	Derivative Securiti	ies Acquire	Persons contain the forn	s who led in t n disp	this form lays a co	n are urren ficiall	not requ itly valid	ired to res		ss	474 (9-02)
	•	•	Table II - I	Derivative Securiti (e.g., puts, calls, wa	ies Acquiro	Persons contain the form ed, Dispo	s who led in t n disp osed of, nvertib	this form lays a constant or Bene ole secur	n are current ficiall ities)	not requally valid	ired to res	spond unle trol numbe	ss r.	,
1. Title of	2.	3. Transaction Date (Month/Day/)	Table II - I	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	ies Acquire arrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Persons contain the form ed, Dispositions, con 6. Date and Exp (Month/	s who led in to m disposed of, nvertib	this formulays a constant of the security of t	ficiallities) 7. Tit Amo Unde	not required the and count of earlying	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indir Benefic (Instr. 2
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	ies Acquire arrants, op 5. Number of Derivative Securities Acquired (A) or Disposed	Persons contain the form ed, Dispositions, con 6. Date and Exp (Month/	s who led in to m disposed of, nvertib	this formulays a constant of the security of t	riciallities) 7. Tit Amo Unde	not required to the and out of erlying rities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire (s) (I)	ip of Indir Benefic (Instr. 2

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CHRISTODORO JONATHAN 800 W. OLYMPIC BLVD SUITE 406 LOS ANGELES, CA 90015	X					

Signatures

Jonathan Christodoro	05/02/2014
**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 restricted stock units granted under the Herbalife Ltd. 2014 Stock Incentive Plan, of which 25% will vest on each of July 15, 2014, October 15, 2014, January 15, 2015 and April 15, 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.