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

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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 Type Responses)											
1. Name and Address of Reporting Person * COZZA KEITH		2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner				
(Last) (First) 800 W. OLYMPIC BLVD, S	(Middle) SUITE 406	3. Date of Earlies 05/09/2016	Transactio	on (Month/Da	y/Year)	Officer (give title below) Other (Other (specify be	low)	
(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				
LOS ANGELES, CA 90015 (City) (State)											
(City) (State)	(Zip)	Ta	able I - No	n-Derivative	Securities A	Acquir	red, Dispo	osed of, or l	Beneficially (Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year		Code (Instr. 8)	(A) or	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		D) Beneficially Owned For Reported Transaction(following (s)	Ownership Form:	Beneficial
		(Month/Day/Year	Code	V Amou	(A) or nt (D)	Price	(Instr. 3 a	3 and 4)			Ownership (Instr. 4)
Common Stools	05/09/2016		A	1,919	()		6,429			D	
Reminder: Report on a separate line	e for each class of seco	rities beneficially o	wned direc	Persons w contained	ho respon in this forr	n are	not requ	uired to res	spond unle	ss	474 (9-02
		Derivative Securit	ies Acquir	Persons w contained the form di	ho respon in this forr splays a c	n are urren ficiall	not requ tly valid	uired to res	spond unle	ss	474 (9-02)
Reminder: Report on a separate line	Table II	Derivative Securit	ies Acquir arrants, op	Persons w contained the form d ed, Disposed tions, conve	ho respon in this form splays a co of, or Bene rtible secur	n are urren ficiall ities)	not requally valid	ired to res	spond unle trol numbe	ss r.	. ,
Reminder: Report on a separate line 1. Title of 2. 3. Transac Derivative Conversion Date	tion 3A. Deemec Execution Day/Year) any	Derivative Securit (e.g., puts, calls, w. l. 4. Transaction Code /Year) (Instr. 8)	ies Acquir arrants, op 5.	Persons w contained the form di ed, Disposed otions, conver- 6. Date Exe and Expirati (Month/Day	of, or Beneriisble secur	ficially ities) 7. Tit Amor Unde Secur	not requitly valid y Owned tle and unt of erlying	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nation of India Benefit Owners (Instr. 4

D (O N (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
COZZA KEITH 800 W. OLYMPIC BLVD SUITE 406 LOS ANGELES, CA 90015	X					

Signatures

/s/ Mark J. Friedman, Attorney-in-Fact for Keith Cozza	05/11/2016
**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.