FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response	0.5

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 Re	esponses)														
Name and Address of Reporting Person Aspauza Jossie				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. OYMPIC BLVD., SUITE 406				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2017											
(Street) LOS ANGELES, CA 90015				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	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 Acqui						Acquired, D	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				(Month/Day/Year) (A) or			(D) Owned Transa	Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	Beneficial Ownership			
Reminder: Repor	rt on a separa	te line for each clas	s of securities ber	neficially ow	vned	l directly	or ii	Persons w	ho respond to n are not requ valid OMB c	uired to res	pond un				474 (9-02)
			Table II -					ired, Disposed							
1. Title of Derivative Security (Instr. 3)	2. Conversion Date Execution Date Execution Date Execution Date Oberivative Security 3. Transaction Execution Date Execution Date Oberivative Execution Dat			4. 5. Transaction of Code Decar) (Instr. 8) Se Ac (A Di of (Instr. 8) Se Ac (Instr. 8) Se Ac (Instr. 8) Of (Instr. 8)		5. Num	ber ive es ed	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownershi Form of Derivative Security: Direct (D or Indirect	(Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Appreciation Rights	\$ 30.44	02/23/2017		A		1,957		03/02/2017	03/02/2025	Common Stock	1,957	\$ 0	3,914 (1)	D	
Stock Appreciation Rights	\$ 62.51	02/23/2017		A		1,048		05/09/2017	05/09/2026	Common Stock	1,048	\$ 0	1,048 (2)	D	
Reportin	g Own	ers	Dolotion				1								

D 41 0 N 1	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Aspauza Jossie 800 W. OYMPIC BLVD. SUITE 406 LOS ANGELES, CA 90015			VP, SAM/CAM				

Signatures

/s/ Mark J. Friedman, Attorney-in-Fact for Jossie Aspauza	02/27/2017
**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).

- On March 2, 2015, the reporting person was granted an award of 9,787 stock appreciation rights ("SARs"). The amount and timing of the vesting of these SARs is dependent upon the (1) achievement by Herbalife Ltd. (the "Company") of certain performance criteria for each of fiscal 2015, 2016 and 2017. The performance criteria for 2016 was met, resulting in 1,957 SARs which will vest on March 2, 2017.
- (2) On May 9, 2016, the reporting person was granted an award of 5,240 SARs. The amount and timing of the vesting of these SARs is dependent upon the achievement by the Company of certain performance criteria for each of fiscal 2016, 2017 and 2018. The performance criteria for 2016 was met, resulting in 1,048 SARs which will vest on May 9, 2017.

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.