## 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 Type Responses)  1. Name and Address of Reporting Person * Palau Hernandez Margarita			2. Issuer Name and Ticker or Trading Symbol HERBALIFE NUTRITION LTD. [HLF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 800 W. OLYMPIC BLVD. SUITE 406			3. Date of Earliest Transaction (Month/Day/Year) 05/07/2018									
(Street) LOS ANGELES, CA 90015			4. If Amendment, Date Original Filed(Month/Day/Year)					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 Acquired, Disposed of, or Beneficially Ow					Owned				
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	(A) c	on 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		Beneficia Reported	t of Securities lly Owned Following Transaction(s)		6. Ownership Form:	Beneficial
				Code	V Amo	(A) or (D)	Price	(Instr. 3 a	ina 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		05/07/2018		A <sup>(1)</sup>	1,19	5 A	\$ 0	1,195			D	
					contained		m are	not requ	uired to res	ormation spond unlestrol number	s	1474 (9-02)
			Derivative Securitie	es Acquire	contained the form o	in this ford lisplays a color of, or Bene	m are currei	not requesting noting valid	ired to res	pond unles	s	1474 (9-02)
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis Price of Derivative Security	e (Month/Day/Y	3A. Deemed Execution Date any	e.g., puts, calls, wa 4. Transaction 1 Code (ear) (Instr. 8)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	ed, Dispose tions, conv 6. Date Ex and Expira (Month/Da	in this form lisplays a control of, or Bene- ertible secur- ercisable tion Date	eficial rities) 7. Ti Amo	not requesting noting valid	OMB cont	pond unles	f 10. Ownersi Form of Derivati Security Direct ( or Indire	11. Nat of Indir Benefic Owners : (Instr. 4
Security or Exercis (Instr. 3) Price of Derivative	n Date (Month/Day/Y	3A. Deemed Execution Date any	e.g., puts, calls, wa 4. Transaction I Code (Instr. 8)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	ed, Dispose tions, conv 6. Date Ex and Expira (Month/Da	in this fornisplays a color of the color of	m are currel eficial ities) 7. Ti Amc Und Secu (Inst 4)	e not requently valid  ly Owned  itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Owners: Form of Derivati Security Direct (i or Indirect)	11. Na of Indi Benefi Owner (Instr.

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

## **Signatures**

/s/ Eileen Uy, Attorney-in-fact for Margarita Palau-Hernandez	05/09/2018
**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 ("RSU") under the Herbalife Nutrition Ltd. 2014 Stock Incentive Plan. Each RSU represents a contingent right to receive one share of Herbalife Nutrition Ltd. common stock on vesting. This award will vest 100% on April 15, 2019.

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.