FORM 4

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

OMB APPROVAL
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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) | | | | | | | | | | | | | |
|---|------------------------------------|--|---|--|--|--------------------------|--|--|---|------------|---|------------------------|---|------------------------------------|------------|
| Name and Address of Reporting Person * Mendoza Juan Miguel | | | | 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 10% Owner | | | | |
| (Last) (First) (Middle) 800 W. OLYMPIC BLVD., SUITE 406 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021 | | | | | | | Office | r (give title belo | w) | Other (specify b | elow) | |
| (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 | | | | | | |
| | GELES, C | | (7:-) | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | 1 | Γable I | - Non | -Deri | vative S | Securities | Acqui | red, Dispo | osed of, or E | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | if Coo (Ins | Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | f | Beneficial | ly Owned Following Γransaction(s) | | Ownership Form: Direct (D) | Beneficial Ownership | |
| | | | | | C | ode | V | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | | 05/06/2021 | | | A | | 2,720 (1) | A | \$ 0 | 11,206 | | | D | |
| | | | | Derivative Secur | | t | he fo | orm dis sposed o | splays a o | curre: | ntly valid | | spond unle rol numbe | | |
| 1. Title of | 2. | 3. Transaction | | e.g., puts, calls, v | varran 5. | | | | | | tle and | 8. Price of | 9. Number o | of 10. | 11. Natur |
| Derivative Security | Conversion or Exercise | on Date (Month/Day/ | h/Day/Year) (Month/Day/ | te, if Transaction | Num of | Number an | | Date Exercisable d Expiration Date Ionth/Day/Year) | | Amo | ount of erlying | Derivative Security | | Ownersh Form of | |
| (Instr. 3) | Price of Derivative Security | | (Month/Day/) | (Instr. 8) | Secur Acqu (A) o Dispo of (D (Instr | rities ired rosed) . 3, | | | ŕ | Secu | rities r. 3 and | (Instr. 5) | Owned Following Reported Transaction | Security Direct (I or Indire | (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Mendoza Juan Miguel 800 W. OLYMPIC BLVD., SUITE 406 LOS ANGELES, CA 90015 | X | | | | | |

Signatures

| Lisa Kwon, as Attorney-in-Fact for Juan Miguel Mendoza | 05/10/2021 | |
|--|------------|--|
| **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 ("RSUs") granted under the Herbalife Ltd. 2014 Stock Incentive Plan. The RSUs will vest 100% on April 15, 2022, subject to continued service on the Issuer's Board of Directors through such date.

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.