# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 Ty	pe Response	s)															
1. Name and Address of Reporting Person* Mulligan Donal L					2. Issuer Name <b>and</b> Ticker or Trading Symbol HERBALIFE NUTRITION LTD. [HLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner					
800 W. OLYMPIC BLVD., SUITE 406					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2022							Office	r (give title belo	ow)	Other (specify b	pelow)	
(Street)				4. If	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 AN	GELES, C	A 90015											od by More than	One Reporting	Cison		
(City) (State) (Zip)						Table I - Non-Derivative Securities Acqu						nired, Disposed of, or Beneficially Owned					
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	Exec			Code (Instr. 8)		(A) or Disposed ((Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	Beneficial	
				(Mon	nth/Day/Year)		ode	V	Amoun	(A) or t (D)	Price		Instr. 3 and 4)		` '	Ownership (Instr. 4)	
Common	Stock		05/11/2022				P		15,000	) A	\$ 22.69	23,560			D		
					ative Securit		equire	cont the f	tained i form dis	n this fo splays a of, or Be	orm ai curre	re not requently valid	OMB conf	ormation spond unlead rol number	ss	1474 (9-02)	
1 77'4 6	l <sub>2</sub>	2.77		(e.g., p	outs, calls, w		ts, op						0 D : C	0.31 1	C 10	11.37.	
1. Title of Derivative Security (Instr. 3) Price of Derivati Security		3. Transactio Date (Month/Day/	Year) Execution Da	ĺ	e, if Transaction Code (ear) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisab and Expiration Da (Month/Day/Year		An Un Sec	Fitle and nount of derlying curities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)	
					Code V	(A)	(D)	Date	-	Expiration Date	on Tit	Amount or Number of Shares					

### **Reporting Owners**

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

## **Signatures**

Lisa Kwon, as Attorney-In-Fact for Donal L. Mulligan	05/12/2022		
**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.