Edgar Filing: DeSimone John - Form 4

DeSimone Jo	hn											
Form 4 March 01, 20	113											
										OMB A	PPROVAL	
FORM	UNITE	D STATES				ND EXC D.C. 205		NGE	COMMISSION		3235-0287	
Check this box if no longer				IGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 200 Estimated average burden hours per response 0.			
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the		lity Ho	ldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40			
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> DeSimone John			2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]					g	5. Relationship of Reporting Person(s) to Issuer			
(Lest)	(First)	(Middle)		Earliest Transaction					(Chec	k all applicable	all applicable)	
(Last) 800 W. OLY #406	(MPIC BOUL	· /	3. Date of (Month/Da 02/27/20	y/Year)	i rai	nsaction			Director X Officer (give below) Chief		o Owner er (specify er	
				nendment, Date Original onth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LOS ANGE	LES, CA 9001	5							Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8	3)	4. Securi nAcquired Disposed (Instr. 3,	(A) of (D d of (D d and (A) or)) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	02/27/2013			Code $F^{(1)}$	V	Amount 3,988	(D) D	Price \$ 0		D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
DeSimone John 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			Chief Financial Officer					
Signatures								
John DeSimone by Brett R. Chapman, Attorney-in-Fact		02/	/28/2013					
**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).

Pursuant to the Issuer's 2005 Stock Incentive Plan and the terms of the related award agreement, shares of the Issuer's common stock are issued to the Reporting Person as his or her restricted stock units vest, with a portion of the newly issued shares automatically withheld by the Issuer to satisfy the resulting withholding tax obligation. This Statement of Changes of Beneficial Ownership has been filed to reflect

(1) the issuer to satisfy the resulting withinforming tax congation. This statement of changes of beneficial ownership has been field to reflect that withholding of shares due to a recent vesting of restricted stock units held by the Reporting Person. The withholding of the newly issued shares occurred automatically upon the vesting of the restricted stock units, and as such, no investment decision was made by the Reporting Person in connection with this transfer.

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.