Edgar Filing: Walsh Des - Form 4

Walsh Des													
Form 4													
May 09, 2013	3												
FORM	4										PPROVAL		
	UNITED	STATES		ITIES A				NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no longe		-						Expires:	January 31,				
subject to	STATEM	IENT OI	F CHAN	GES IN BENEFICIAL OWNE					NERSHIP OF	Estimated a	2005 average		
Section 16	ó .			SECUI	SECURITIES					burden hou	•		
Form 4 or										response 0.8			
Form 5 obligation	_ ^							-	ge Act of 1934,				
may contin	Section 170								of 1935 or Sectio	n			
See Instructure 1(b).		30(h)	of the Inv	estment	t C	Company	y Act	of 19	40				
(Print or Type R	esponses)												
Walsh Des Symb HER			Symbol	2. Issuer Name and Ticker or Trading ymbol IERBALIFE LTD. [HLF]					5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
				ate of Earliest Transaction						100			
800 W. OLY #406	MPIC BOULEV	ARD,	(Month/Da 05/07/20	-					Director X Officer (give below)		6 Owner er (specify		
Filed(Mont				Amendment, Date Original I(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				
LUS ANGEI	LES, CA 90015								Person		1 0		
(City)	(State)	(Zip)	Table	I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3. Transact Code (Instr. 8)	tior	4. Securi nAcquired Disposed (Instr. 3,	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	05/07/2013			F <u>(1)</u>		5,037	D	\$0	107,064	D			

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

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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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					
	Director	10% Owner	Officer	Other		
Walsh Des 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			President			
Signatures						
Desmond J. Walsh by Brett R. Chapman, Attorney-in-Fact			05/08/2013			
<u>**</u> 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 restricted stock units vest, with a portion of the newly issued shares automatically withheld by the

(1) Issuer to satisfy the resulting withholding tax obligation. This Statement of Changes of Beneficial Ownership has been filed 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.