Edgar Filing: HERBALIFE LTD. - Form 4

HERBALIFE	E LTD.												
Form 4													
May 02, 2014	1												
FORM	1									-	PPROVAL		
	united	STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this box				5 /						Expires:	January 31,		
if no long subject to	er STATE	MENT O	F CHAN	GES IN	SES IN BENEFICIAL OWNERSHIP					•	2005		
Section 10	5.			SECU	RI	TIES			Estimated average burden hours per				
	Form 4 or						response						
Form 5	Filed pu	rsuant to	Section 16	6(a) of t	the	Securiti	es Ex	xchang	ge Act of 1934,				
obligation may conti	Section 17	(a) of the	Public Ut	ility Ho	oldi	ing Com	pany	Act o	f 1935 or Sectio	n			
See Instru		30(h)) of the Inv	vestmer	nt (Company	y Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
51	I I I I I												
1. Name and A	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name ar	nd 🛛	Ficker or T	Fradin	g	5. Relationship of	f Reporting Per	Reporting Person(s) to		
Otero Maria Symbol				-					Issuer				
				ERBALIFE LTD. [HLF]									
(Last)				f Earliest Transaction					(Check all applicable)				
(Eust)	(1150)	(initiatic)	(Month/Da		114	lisaction			X Director	109	6 Owner		
800 W. OLY	MPIC BLVD,	SUITE	04/30/20	•					Officer (give	e title Oth	er (specify		
406	,		0 110 01 20						below)	below)			
	(Street)		4 If Amer	ndment I	Date	e Original			6 Individual or L	oint/Group Fili	ng(Check		
				If Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
				red(womin/Day/rear)					_X_Form filed by One Reporting Person				
LOS ANGE	LES, CA 90015	5							Form filed by M Person	More than One R	eporting		
	- 								Person				
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Da			3.		4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	r) Executi any	on Date, if		ctio	nAcquired			Securities	Form: Direct	Indirect		
(Instr. 3)		CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	× /	Beneficial Ownership					
		(11101111	, 2 u j, 1 cui)	(111511)	.,	(111547-0),	. uno	2)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	04/30/2014			A <u>(1)</u>		2,000	А	\$0	2,000	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. 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 lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
Otero Maria 800 W. OLYMPIC BLVD SUITE 406 LOS ANGELES, CA 90015	Х						
Signatures							
Maria Otero by Jim Berklas, Attorney-in-Fact		05/02/2014					
<u>**</u> Signature of Reporting Persor	1		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 granted under the Herbalife Ltd. 2014 Stock Incentive Plan, of which 25% will vest on each of July 15, 2014, October 15, 2014, January 15, 2015 and April 15, 2015.

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.