Edgar Filing: HERBALIFE LTD. - Form 4

HERBALIFE	E LTD.												
Form 4													
May 02, 2014	1												
FORM	1										PPROVAL		
	UNITEI) STATE:				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this				U	·					Expires:	January 31,		
if no long subject to	er STATE	MENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSHI						2005		
Section 10	5.			SECU	SECURITIES					Estimated average burden hours per			
Form 4 or	•									response	•		
Form 5	Filed p	ursuant to	Section 16	6(a) of t	he	Securiti	es Ex	chang	ge Act of 1934,				
obligation may conti				•		•			f 1935 or Sectio	n			
See Instru		30(h)) of the Inv	vestmer	nt C	Company	Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
1 Name and A	ddress of Reportin	g Person *	2 Issuer	Nama ar	d T	Fielder or T	Fradin	a	5. Relationship o	f Reporting Per	son(s) to		
Nelson Jame	-		Symbol	r Name and Ticker or Trading				g	Issuer	r reporting r er	501(5) 10		
• Symbol				RBALIFE LTD. [HLF]									
				CKBALIFE LID. [HLF]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of		Trai	nsaction							
900 W OI V	MPIC BLVD,	CLUTE	(Month/D	-					X Director Officer (give		6 Owner er (specify		
406	MFIC BLVD,	SUILE	04/30/20)14					below) below)				
+00													
			endment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Month				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
LOS ANGEI	LES, CA 9001:	5								More than One Re			
LOS ANGE	LLS, CA 9001.	5							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 D			3.		4. Securit			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	on Date, if TransactionAcquired (A) or						Securities	Form: Direct	Indirect			
(Instr. 3)		CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership				
		, Duj (1011)					.,	Following	• /	(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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)	;		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				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				
Nelson James Larry 800 W OLYMPIC BLVD SUITE 406 LOS ANGELES, CA 90015	X							
Signatures								
James L. Nelson by Jim Berkla Attorney-in-Fact	s,		05/02/2014					
**Signature of Reporting Per	son		Da	ate				

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.