HERBALIFE LTD. Form 3 March 28, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Instr. 4)

1. Name and Address of Reporting Person <u>*</u> PETERSON JOHN OWEN			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]						
(Last)	(First)	(Middle)	03/20/2007	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)				
P.O. BOX 106 (Street) GOLDEN, CO 80402				(Check all applicable) Director 10% Owner Officer Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	Beneficially Owned			
1.Title of Secu (Instr. 4)	urity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	*			
Common S	hares		70,779		D	Â				
Reminder: Rep owned directly			ach class of securities benefic	ially S	EC 1473 (7-02	.)				
	infor requi	mation cont	pond to the collection of ained in this form are not ond unless the form displ MB control number.	t						
	Table II - De	erivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	tions, c	onvertible securities)			
1. Title of Der	rivative Secur	rity 2. D	ate Exercisable and 3. Title	and Amount of	f 4.	5.	6. Nature of Indirect			

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

Expiration Title

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

Conversion

or Exercise

Derivative

Price of

Security

Ownership

Derivative

Security:

Direct (D)

or Indirect

Form of

or Joint/Group	
pplicable Line)	
by One Reporting	

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

Beneficial Ownership

(Instr. 5)

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships					
	Director	10% Owner	Officer	Other			
PETERSON JOHN OWEN P.O. BOX 106 GOLDEN, CO 80402	Â	ÂX	Â	Â			
Signatures							
/s/ John Peterson 0.	3/28/2007						

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Â Remarks:

The reporting person may be deemed to be a member of a Section 13(d) group that owns moreÂ

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.