# LEHMANN MARKUS Form 3 December 15, 2004 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL

## 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)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>LEHMANN MARKUS |         |          | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol<br>HERBALIFE LTD. [HLF] |   |  |
|---|---------|----------|---|---|---|--|
| (Last)  | (First) | (Middle) | 12/15/2004  | 4. Relationship of Reporting Person(s) to Issuer                    | 5. If Amendment, Date Original<br>Filed(Month/Day/Year) |  |
| C/O HERBALIFE<br>INTERNATIONAL,                                       |         |          |   | (Check all applicable)  |   |  |

\_X\_\_ Director

Officer

(give title below) (specify below)

# INTERNATIONAL, INC., 1800 CENTURY PARK EAST

(Street)

# LOS ANGELES, CAÂ 90067

(State)

(City)

#### Table I - Non-Derivative Securities Beneficially Owned

SEC 1473 (7-02)

10% Owner

\_ Other

| 1.Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |
|-----------------------------------|---|--|---|
| Common Stock                      | 552,841   | D  | Â   |

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

(Zip)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.        | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|-----------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of   | (Instr. 5)            |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

Person

Reporting Person

Estimated average burden hours per

## Edgar Filing: LEHMANN MARKUS - Form 3

|                     |                    | (Instr. 4) |                                  | Price of               | Derivative  |
|---------------------|--------------------|------------|----------------------------------|------------------------|---|
| Date<br>Exercisable | Expiration<br>Date | Title      | Amount or<br>Number of<br>Shares | Derivative<br>Security | Security:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |

# **Reporting Owners**

| Reporting Owner Name / Address  |           | Relationships |         |       |  |  |
|---|-----------|---------------|---------|-------|--|--|
| F   | Director  | 10% Owner     | Officer | Other |  |  |
| LEHMANN MARKUS<br>C/O HERBALIFE INTERNATIONAL, INC<br>1800 CENTURY PARK EAST<br>LOS ANGELES, CA 90067 | ÂX        | Â             | Â       | Â     |  |  |
| Signatures  |           |               |         |       |  |  |
| /s/ Vicki Tuchman, by power of attorney   | 12/15/200 | 4             |         |       |  |  |
| **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).

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.