Edgar Filing: NOACK PAUL - Form 4

NOACK PA	UL											
Form 4												
March 03, 20	008											
FORM	4										PPROVAL	
	UNII	ED STATE		ITIES A				NGE (COMMISSION	OMB Number:	3235-0287	
Check this box										Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW				LOW	NERSHIP OF	Estimated	2005 average	
	Section 16. SECURITIES							burden hours per				
Form 4 or								response 0.5				
Form 5 obligatior		*		• •					ge Act of 1934,			
may conti <i>See</i> Instru 1(b).	inue. Section) of the Inv	•		•	- ·		f 1935 or Sectio 40	n		
(Print or Type R	Responses)											
NOACK PAUL Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]					5. Relationship of Reporting Person(s) to Issuer			
				3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/Da		ran	isaction			Director	100	6 Owner	
1800 CENT	URY PARK	EAST	02/28/20	•					Officer (give below)		er (specify	
	(Street)		4. If Amer	ndment. D	Date	Original			6. Individual or Jo	oint/Group Fili	ng(Check	
				ed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
LUS ANGE	LES, CA 900	/0/							Person			
(City)	(State)	(Zip)	Table	e I - Non-	Der	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	(ear) Execut any		Code (Instr. 8)	tion)		(A) of (D 4 and (A) or) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common						Amount 5,200	(D)	Price				
Stock	02/28/2008			А		(1)	А	\$0	42,973	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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Stock Appreciation Rights (2)	\$ 43.13	02/28/2008		А	14,500	(3)	02/28/2018	Common Stock	14,50

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
NOACK PAUL 1800 CENTURY PARK EAST LOS ANGELES, CA 90067			Managing Director - Asia	
Signatures				
Vicki Tuchman by Power of Attorney		03/03/2008		

Date

Explanation of Responses:

**Signature of Reporting Person

* 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).

Consists of grant of restricted stock units under the Herbalife Ltd. 2005 Stock Incentive Plan. Each restricted stock unit represents a
 (1) contingent right to receive one share of Common Stock and vests with respect to 1/3 of the stock awarded on March 28, 2009, February 28, 2010 and February 28, 2011.

- (2) Stock Appreciation Rights granted pursuant to the Herbalife Ltd. 2005 Stock Incentive Plan.
- (3) Stock Appreciation Rights vest in 20% increments on February 28, 2009 and on February 28, 2010 with the remaining 60% increment vesting on February 28, 2011.

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.