## Edgar Filing: HERBALIFE LTD. - Form 4

HERBALIFE LTI Form 4	Э.										
February 27, 2017	,										
FORM 4	UNITED	STATES					COMMISSIO		9PROVAL 3235-0287		
Washington, D.C. 20549Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIESForm 4 or Form 5 obligations 								Expires: Estimated burden hou response	irs per		
(Print or Type Respon	ses)										
1. Name and Address Alzarez Jesus	Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
Н				ALIFE LI	ГD. [HLF	7]	(Check all applicable)				
(Mc				of Earliest T Day/Year) 2017	ransaction		Director 10% Owner X Officer (give title Other (specify below) below) VP, General Manager, Mexico				
(Street) 4. If Am				endment, D	ate Origina	1	6. Individual or	6. Individual or Joint/Group Filing(Check			
LOS ANGELES,	(Month/Day/Year) Applicable Line) _X_Form filed by O Form filed by Me Person					one Reporting Person fore than One Reporting					
(City) (S	State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date h/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	e for each cla	ass of sect	urities bene	•	•	or indirectly.	ection of	SEC 1474		

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

## Edgar Filing: HERBALIFE LTD. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	3)	Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	l of				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Stock Appreciation Rights	\$ 30.44	02/23/2017		А		1,957		03/02/2017	03/02/2025	Common Stock	1,95′
Stock Appreciation Rights	\$ 62.51	02/23/2017		А		873		05/09/2017	05/09/2026	Common Stock	873

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Alzarez Jesus 800 W. OLYMPIC BLVD. LOS ANGELES, CA 90015			VP, General Manager, Mexico					
Signatures								
/s/ Mark J. Friedman, Attorney Alvarez	-in-Fact f	02/27/2017						
<u>**</u> Signature of Reportin	g Person		Date					
Explanation of De	~ <b>~</b> ~ <b>~</b>							

## **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).

On March 2, 2015, the reporting person was granted an award of 9,787 stock appreciation rights ("SARs"). The amount and timing of the vesting of these SARs is dependent upon the achievement by Herbalife Ltd. (the "Company") of certain performance criteria for each of fiscal 2015, 2016 and 2017. The performance criteria for 2016 was met, resulting in 1,957 SARs which will vest on March 2, 2017.

On May 9, 2016, the reporting person was granted an award of 4,366 SARs. The amount and timing of the vesting of these SARs is
(2) dependent upon the achievement by the Company of certain performance criteria for each of fiscal 2016, 2017 and 2018. The performance criteria for 2016 was met, resulting in 873 SARs which will vest on May 9, 2017.

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.