Edgar Filing: Zimmer Thomas - Form 4

Zimmer Thor	nas										
Form 4											
December 16	, 2009										
FORM	Δ								-	PPROVAL	
	UNITED	STATES			ND EX D.C. 20		NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no longe							Expires:	January 31,			
subject to	STATEN	AENT OI	F CHAN	GES IN BENEFICIAL OWNERSHI					Estimated	2005 average	
Section 16		SECUR	SECURITIES					burden hours per			
Form 4 or Form 5					a .	·	1		response	0.5	
obligation	- ·						-	ge Act of 1934,	-		
may conti	nue. Section 17(of the Inv	•	•	- ·		f 1935 or Sectio	n		
See Instru	ction	50(II)	of the my	estment	Compan	y Aci	. 01 19	40			
1(b).											
(Print or Type R	esponses)										
	-										
1. Name and Ad	ddress of Reporting	Person [*]	2. Issuer	Name and	l Ticker or	Tradin	g	5. Relationship of	Reporting Person(s) to		
Zimmer Tho	mas		Symbol	C				Issuer			
•				BALIFE LTD. [HLF]				(Cha)	alt all annliaght	a)	
(Last) (First) (Middle) 3. Date of			3. Date of	Date of Earliest Transaction				(Check all applicable)			
			(Month/Da					Director	109	6 Owner	
800 W. OLY	MPIC BOULE	VARD,	12/14/20	-				XOfficer (give		er (specify	
#406								below) SVP.	below) , North Americ	a	
	(Street)		4 If Amon	dmant De	to Origina						
· · · · · · · · · · · · · · · · · · ·			Amendment, Date Original I(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Mc				.11/Day/10ai)			_X_Form filed by One Reporting Person			
LOS ANGEI	LES, CA 90015							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat			3.	4. Secur			5. Amount of	6. Ownership		
Security	(Month/Day/Year)		on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/l	Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			•	Indirect (I) Owner	Beneficial Ownership	
		(,	(Following		(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	12/14/2009			А	44 <u>(1)</u>	А	\$0	13,454	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	1
	Derivative				Securities			(Instr	. 3 and 4)		
	Security				Acquired						1
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Title	of		
				Code V	(Λ) (D)				Shares		
				Coue v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Zimmer Thomas 800 W. OLYMPIC BOULEVARD, #406 LOS ANGELES, CA 90015			SVP, North America				
Signatures							
Thomas Zimmer by Brett R. Chapman, Att	torney in						
Fact		12/	16/2009				
<u>**</u> Signature of Reporting Person			Date				
Explanation of Respons	es:						

- * 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 dividend equivalents accrued with respect to previous awards of restricted stock units granted under the Herbalife Ltd. 2005 (1) Stock Incentive Plan.

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.

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti