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PROBERT GREGORY Form 3 December 15, 2004 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

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 Person <u>*</u> PROBERT GREGORY			2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HERBALIFE LTD. [HLF]			
(Last)	(First)	(Middle)	12/15/2004	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		

C/O HERBALIFE INTERNATIONAL, INC.. 1800 CENTURY PARK EAST

(Street)

LOS ANGELES, CAÂ 90067

					Reporting Person
(City)	(State)	(Zip)	Table I - Non-Deriva	ative Securit	ies Beneficially Owned
1.Title of Secu (Instr. 4)	rity		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Reminder: Report on a separate line for each class of securit owned directly or indirectly.			a class of securities beneficially	SEC 1473 (7-02	2)
		•	and to the collection of ned 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
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Ownership
		(Instr. 4)	Price of	Derivative	(Instr. 5)
			Derivative	Security:	

OMB APPROVAL

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

Filed(Month/Day/Year)

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

_ Form filed by More than One

Person

Director

_X__ Officer

(Check all applicable)

(give title below) (specify below)

Chief Operating Officer

10% Owner

_ Other

1

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Non-Qualified Stock Options	07/31/2004	07/31/2013	Common Stock	125,000	\$ 5	D	Â
Non-Qualified Stock Options	07/31/2005	07/31/2013	Common Stock	75,000	\$ 7	D	Â
Non-Qualified Stock Options	(1)	09/01/2014	Common Stock	40,000	\$9	D	Â
Non-Qualified Stock Options	07/31/2006	07/31/2013	Common Stock	75,000	\$ 11	D	Â
Non-Qualified Stock Options	(1)	09/01/2014	Common Stock	40,000	\$ 13	D	Â
Non-Qualified Stock Options	(2)	12/01/2014	Common Stock	375,000	\$ 15.5	D	Â
Non-Qualified Stock Options	07/31/2007	07/31/2013	Common Stock	75,000	\$ 17	D	Â
Non-Qualified Stock Options	(1)	09/01/2014	Common Stock	40,000	\$ 17	D	Â
Non-Qualified Stock Options	(1)	09/01/2014	Common Stock	40,000	\$ 21	D	Â
Non-Qualified Stock Options	07/31/2008	07/31/2013	Common Stock	75,000	\$ 23	D	Â
Non-Qualified Stock Options	(1)	09/01/2014	Common Stock	40,000	\$ 25	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
r of the test of the	Director	10% Owner	Officer	Other		
PROBERT GREGORY C/O HERBALIFE INTERNATIONAL, INC. 1800 CENTURY PARK EAST LOS ANGELES, CA 90067	Â	Â	Chief Operating Officer	Â		
Signatures						
/s/ Vicki Tuchman, by power of attorney	2/15/200	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).
- (1) Options vest quarterly in installments of 5% beginning 9/30/04.
- (2) Options vest in three equal installments on 12/1/07, 12/1/08, and 12/1/09.

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.