FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | nurden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Hersch Dennis S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol LIMITED BRANDS INC [LTD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|---|--|--|--------|--|---|----------|--------------------------------------|--|----------|-------------------------------|---|---|---|---|---|--|---|---|--|--|
| | | | | | | | | | | | | | X | Directo | or | | 10% Ov | vner | | | |
| (Last) | ` | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2008 | | | | | | | | | Officer (give title Other (spec below) below) | | | | | | |
| 551 MADISON AVE 9TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| (Charact) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) NEW Y(| ORK N | Y : | 10022 | | | | | | | | | | | X | Form f | iled by One | e Rep | orting Perso | n | | |
| THE WITCHEST TO THE STATE OF TH | | | | . | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | - | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curities | s Ac | quired, D | isp | osed o | of, or Be | neficia | lly C | Owned | ı | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ities Acquir d Of (D) (Ins | | and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | , | Amount | (A) o (D) | Price | - 1- | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| | | Т | | | | | | | uired, Dis , options | | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (I 8) | | ı of E | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | f g Security | Deri Sec | . Price of Perivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4 | Ownership | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | Amount or Number of Shares | | | | | | | | |
| Phantom Stock | (1) | 08/04/2008 | | | A | | 1,638 | | (2) | | (2) | Common Stock, \$0.50 par value | 1,638 | | \$0 | 8,549 ⁽³ | 3) | D | | | |

Explanation of Responses:

- 1. This award converts to common stock on a 1-for-1 basis.
- $2. \ The \ shares \ of \ phantom \ stock \ become \ payable \ upon \ the \ reporting \ person's \ termination \ of \ service \ as \ a \ director.$
- 3. Total holdings include shares acquired in exempt dividend reinvestment transactions.

Remarks:

By: Robert J. Tannous, 08/06/2008 Attorney-in-Fact

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.