FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

| Name and Address of Reporting Person* Horselb Donnie S | | | | | | 2. Issuer Name and Ticker or Trading Symbol LIMITED BRANDS INC [LTD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|---|---------|---|--|---------|------|---|-------------------------------------|---|---|--------------------------------|--|--|--|------------------------------|--|--|
| <u>Hersch Dennis S</u> | | | | | | | | | | | | | | | Directo | or | | 10% Ov | vner |
| (Last) (First) (Middle) 551 MADISON AVE 9TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2010 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) NEW YORK NY 10022 | | | | | , | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | Person | | | | rung | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Disp | osed o | of, or Be | enefi | cially | / Owned | ł | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code (I | Transaction Dispose Code (Instr. 5) | | | | and Securiti Benefic Owned | | es Fo ially (D Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | | saction(s) r. 3 and 4) | | | (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 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. Transaction Code (Instr. 8) | | n of E | | 6. Date Exe Expiration (Month/Day | Date | | e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e O s F ully D o (i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Phantom Stock | \$0 ⁽¹⁾ | 02/01/2010 | | | A | | 3,779 | | (2) | | (2) | Common Stock, \$0.50 par value | 3,7 | 79 | \$0 | 27,976 ⁽⁾ | 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:

Robert J. Tannous, Attorneyin-Fact 02/03/2010

** 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.