

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

☐ Form 3 Holdings Reported.

☐ Form 4 Transactions Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0362
Estimated average burden hours per response:	1.0

1. Name and Address of Reporting Person* <u>SAMUELI HENRY</u> (Last) (First) (Middle) <u>C/O AVAGO TECHNOLOGIES US INC.</u> <u>1320 RIDDER PARK DRIVE</u> (Street) <u>SAN JOSE</u> <u>CA</u> <u>95131</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Broadcom Ltd</u> [<u>AVGO</u>] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) <u>10/29/2017</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Technical Officer</u> 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price			

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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					
Exchangeable Units ⁽¹⁾	(1)	04/10/2017		W	2,879		(1)	(1)	Ordinary Shares, no par value	\$0	2,879	I	See Footnote ⁽²⁾
Exchangeable Units ⁽¹⁾	(1)	09/19/2017		G ⁽³⁾		2,879	(1)	(1)	Ordinary Shares, no par value	\$0	0	I	See Footnote ⁽³⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		53,649	D	
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		40,058	I	See Footnote ⁽⁴⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		40,058	I	See Footnote ⁽⁵⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		5,752,978	I	See Footnote ⁽⁶⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		399,918	I	See Footnote ⁽⁷⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		459,690	I	See Footnote ⁽⁸⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		2,766,772	I	See Footnote ⁽⁹⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		1,860	I	See Footnote ⁽¹⁰⁾
Exchangeable Units ⁽¹⁾	(1)						(1)	(1)	Ordinary Shares, no par value		58,800	I	See Footnote ⁽¹¹⁾

Explanation of Responses:

11. Indirectly held by Samueli 1995 Exempt Gifting Trust. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

Date _____

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.