

Radius Health, Inc.  
Form 3  
December 06, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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)

<p>1. Name and Address of Reporting Person *</p> <p>Lytle Cecil Richard</p> <p>(Last) (First) (Middle)</p> <p>C/O RADIUS HEALTH, INC. 201 BROADWAY,, 6TH FLOOR</p> <p>(Street)</p> <p>CAMBRIDGE, MA 02139</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/26/2013</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Radius Health, Inc. [NONE]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President &amp; C.E.O.</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	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)
Common Stock	66,666	D	

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Radius Health, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	11/06/2021	Common Stock	277,947	\$ 3.22	I	By Trust (2)
Stock Option (Right to Buy)	Â (3)	10/28/2014	Common Stock	108,333	\$ 1.5	I	By Trust (2)
Stock Option (Right to Buy)	Â (3)	07/12/2017	Common Stock	91,846	\$ 0.9	I	By Trust (2)
Stock Option (Right to Buy)	Â (3)	05/08/2018	Common Stock	202,672	\$ 1.2	I	By Trust (2)
Stock Option (Right to Buy)	Â (3)	12/03/2018	Common Stock	86,376	\$ 1.2	I	By Trust (2)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lyttle Cecil Richard C/O RADIUS HEALTH, INC. 201 BROADWAY, 6TH FLOOR CAMBRIDGE, MA 02139	Â	Â	Â President & C.E.O.	Â

## Signatures

/s/ B. Nicholas Harvey,  
attorney-in-fact

12/06/2013

\*\*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) The option vests in fifteen substantially equal installments on the first day of each calendar quarter beginning on January 1, 2012.

The reported securities, which were previously reported on Form 4 during the Reporting Person's previous tenure as President and Chief Executive Officer of the issuer, were subsequently transferred to The Cecil Richard Lyttle 2012 Grantor Retained Annuity Trust, in which the reporting person is co-trustee and exercises voting and dispositive power.

(3) The option is fully vested and exercisable.

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.