Radius Health, Inc Form 4	2.									
February 12, 2016										
FORM 4									PPROVAL	
	UNITED	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. <i>See</i> Instruction	STATEMENT OF CHANGES IN 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						Estimated burden hou response	Estimated average burden hours per response 0.5		
1(b).										
(Print or Type Respon	ses)									
1. Name and Address of Reporting Person <u>*</u> Snow David P.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Radius Health, Inc. [RDUS]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (I					51	(Check all applicable)				
(Last) (First) (Middle) C/O RADIUS HEALTH, INC., 950 WINTER ST.			(Month/Day/Year) 02/10/2016			Director 10% Owner X Officer (give title Other (specify below) Chief Commercial Officer				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				l	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
WALTHAM, MA	A 02145						Person	More than One R	eporting	
(City) (S	State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date h/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V		(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on	a separate line	for each cla	ass of sec	urities benet	ficially owr	ed directly	or indirectly.			
					Person inform require	ns who rest ation cont ed to resp ys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	J
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

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(Instr. 3)	Price of Derivative Security	(Montl	h/Day/Year) (Ir	nstr. 8)	Acquired ( or Dispose (D) (Instr. 3, 4 and 5)	ed of				
			Co	ode V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 29.89	02/10/2016	1	A	75,000		<u>(1)</u>	02/09/2026	Common Stock	75,000

## **Reporting Owners**

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			
Snow David P. C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02145			Chief Commercial Office	er.			
Signatures							
/s/ B. Nicholas Harvey, Attorney-in-fact 02/12/20			.016				
**C:		Dete					

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1)  $\frac{25\%}{\text{monthly installments over the following three years.}}$

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.

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