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)

1. Name and Address of Reporting Person <u>*</u> Morris Charles Q	2. Date of Event Requiring Statement (Month/Day/Year) 09/04/2018	3. Issuer Name and Ticker or Trading Symbol Radius Health, Inc. [RDUS]					
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O RADIUS HEALTH, INC., 950 WINTER STREET		(Check all	applicable)				
(Street)		Director X Officer (give title below)	10% Ov Other (specify below	Filing(Check Applicable Line)			
WALTHAM, MA 02451		Chief Medical Officer		Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned Ov Fc Di or (I)	wnership C orm: (irect (D) Indirect	. Nature of Indirect Beneficial Ownership Instr. 5)			
Reminder: Report on a separate line for ea	ach class of securities benefic	ially SEC	1473 (7-02)				

owned directly or indirectly.

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

Estimated average burden hours per

0.5

response...

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Morris Charles Q C/O RADIUS HEALTH, INC. 950 WINTER STREET WALTHAM, MA 02451	Â	Â	Chief Medical Officer	Â		
Signatures						
/s/ Jose Carmona, as Attorney-in-Fact	09/0	5/2018				
**Signature of Reporting Person		Date				

Explanation of Responses:

No securities are beneficially owned

* 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).

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Remarks:

No securities are beneficially owned.

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.