Radius Health, Inc. Form 4 March 22, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

OMB APPROVAL

Expires:

January 31, 2005

0.5

of

Beneficial

Ownership

(Instr. 4)

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

(Instr 3)

(Print or Type Responses)

Name and Address of Reporting Person Harvey Brian Nicholas	2. Issuer Name and Ticker or Trading Symbol Radius Health, Inc. [RDUS]	5. Relationship of Reporting Person(s) to Issuer			
		(Check all applicable)			
(Last) (First) (Middle	3. Date of Earliest Transaction				
	(Month/Day/Year)	Director 10% Owner			
C/O RADIUS HEALTH, INC., 95	60 03/20/2017	X Officer (give title Other (specify below)			
WINTER ST.		Sr. VP and CFO			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)	Applicable Line)			
WALTHAM, MA 02451		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(0)					

(City)	(State)	(Zip)	Tabl	e I - Non-	Derivative Securities Acq	uired, Disposed	l of, or Beneficial	ly Owned
1.Title of	2. Transaction Da	te 2A. Deemed		3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o
Security	(Month/Day/Year) Execution Da	te, if	Transact	ion(A) or Disposed of (D)	Securities	Form: Direct	Indirect

(Instr 3 A and 5)

(IIISU. 3)		any	Code	(IIISU. 5, 4	+ and .))	Belleficially	(D) 01
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)
							Following	(Instr. 4)
					(4)		Reported	
					(A)		Transaction(s)	
					or		(Instr. 3 and 4)	
			Code V	Amount	(D)	Price	,	
Common Stock	03/20/2017		M	23,416	A	\$ 2.05	36,573	D

Codo

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Reneficially

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. Number of or 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 2.05 (1)	03/20/2017		M	23,416 (1)	(2)	07/11/2017	Common Stock	23,416 (1)

Reporting Owners

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			

Harvey Brian Nicholas C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451

Sr. VP and CFO

Signatures

Reporting Person

/s/ B. Nicholas
Harvey

**Signature of 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) The exercise price and number of derivative securities was adjusted to reflect stock splits that occurred from July 12, 2007 until April 24, 2014.
- Twenty-five percent of the options vested on December 1, 2007, twenty-five percent of the options vested in twelve equal quarterly installments with the first quarterly installment vesting on January 1, 2008, and the remaining 50% vested upon the completion of certain milestones.

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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