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Carmona Jose Form 4											
February 15, 20	018										
FORM 4	4 INTED	CTATES	SECU	DITIEC			COMMISSIO	NT	PPROVAL		
	UNITED	SIAIES			, D.C. 20			Number:	3235-0287		
Check this b if no longer								Expires:	January 31, 2005		
subject to STATEMENT OF CHANGE Section 16. S Form 4 or					RITIES	Estimated burden hou response	average urs per				
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17(a) of the l	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940				
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> Carmona Jose			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) (I	Middle)	3. Date of Earliest Transaction (Che					еск ап аррпсаві	e)		
C/O RADIUS HEALTH, INC., 950 WINTER STREET			(Month/Day/Year) 02/13/2018			Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer					
(Street)			4. If Amendment, Date Original			l	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day, WALTHAM, MA 02451				nth/Day/Yea	_X_ Form filed by			One Reporting Person More than One Reporting			
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	Acquired, Disposed	of or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			ed Date, if	d 3. 4. Securities Date, if TransactionAcquired (A) or Code Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Report	on a separate line	for each cl	ass of sec	urities bene	ficially owr	ed directly	or indirectly.				
					inform requir	ation cont ed to respo ys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n 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	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	ł

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(Instr. 3)	Price of Derivative Security	(Month/D	0ay/Year)	(Instr. 8	(Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of				(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 37.83	02/13/2018		А		60,000		<u>(1)</u>	02/12/2028	Common Stock	60,000

Reporting Owners

Reporting Owner Name / Address	ŝ	Relationships							
	Director	10% Owner	Officer	Other					
Carmona Jose C/O RADIUS HEALTH, INC 950 WINTER STREET WALTHAM, MA 02451			Chief Financial Officer						
Signatures									
/s/ Jose 0 Carmona	2/15/2018								

**Signature of Date Reporting Person

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) 25% of the shares subject to the stock option shall vest on February 13, 2019 and the remaining shares shall vest in substantially equal 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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