Radius Health, Inc Form 4	с.									
February 12, 2016										
FORM 4									PPROVAL	
	UNITED	STATES		RITIES A shington			N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(a	Estimated burden hou response	Estimated average burden hours per response 0.5							
(Print or Type Respon	ses)									
1. Name and Address Fitzpatrick Lorrai	Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Radius Health, Inc. [RDUS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (I	First) (Middle) 3. Date of Earliest Transaction						(Circ	cek all applicabl		
C/O RADIUS HE WINTER ST.				below)	Officer (give title Other (specify					
(S	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						<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,, M	A 02145						Person	More than One R	eporting	
(City) (S	State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date h/Day/Year)	Execution any	Date, if	Code (Instr. 8)		(A) or of (D)	Securities Beneficially	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 bene	ficially own	ed directly	or indirectly.			
					inform require	ation cont ed to resp 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)

8 E S

(Instr. 3)	Price of Derivative Security	(Month/Day/Yo	ear) (Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(	
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 29.89	02/10/2016	А		75,000		<u>(1)</u>	02/09/2026	Common Stock	75,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
L O	Director	10% Owner	Officer	Other			
Fitzpatrick Lorraine A. C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM,, MA 02145	Chief Medical Officer						
Signatures							
/s/ B. Nicholas Harvey, Attorney-in-fact		02/12/20	016				

\*\*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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