Radius Heal Form 4	lth, Inc.											
January 26,	2016											
FORM	ЛЛ								OMB AF	PROVAL		
	UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287		
Check th	his box		vva	shington,	D.C. 20	1549			Number:	January 31,		
if no lon		MENT O	F CHAN	IGES IN	BENEF	ICIA	AL OWN	ERSHIP OF	Expires:	2005		
subject t Section Form 4 (16.	SECURITIES								verage s per		
Form 5	Filed put	rsuant to	Section 1	6(a) of th	e Securi	ties E	Exchange	Act of 1934,	response	0.5		
obligation may con	ons Section 170						U	1935 or Section	1			
See Inst		30(h)	of the Ir	ivestment	Compar	ny Ao	et of 1940)				
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Pers	on(s) to			
Fitzpatrick Lorraine A. Symbol				Traine una Tiener of Training				Issuer				
			Radius	Health, Inc. [RDUS]				(Check all applicable)				
(Last)	(First) (Middle)	3. Date o	f Earliest Tı	ransaction			(Chied)	t un uppriouolo	/		
	US HEALTH IN	C 050		Day/Year)				Director 10% Owner X_ Officer (give title Other (specify				
C/O RADIUS HEALTH, INC., 950 11/25/2 WINTER ST.				2015 <u> </u>				below)	below) hief Medical Officer			
						_						
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			Theu(Mo	iiui/Day/Teai	.)			_X_ Form filed by O				
WALTHA	M, MA 02451							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Executio any	n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect t Beneficial		
(insure)		•	Day/Year)	(Instr. 8)			0)	Owned	(D) or	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)	(1110111)			
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	01/25/2016			Р	100	А	\$ 37.97	200	D			
Common Stock	11/25/2015			Р	100	А	\$ 60.595	100	D			

Reminder: Report on a separate line for each class of securities beneficially 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.

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

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

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Fitzpatrick Lorraine A. C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451			Chief Medical Officer					
Signatures								
/s/ B. Nicholas Harvey, Attorney-in-fact		01/26/20	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).

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.