| Radius Health, Ind | с. | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|---|--|
| Form 4 December 19, 201 | 14 | | | | | | | | | |
| | 17 | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | 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). | Filed pur | suant to S a) of the I | F CHAN Section 1 Public U | CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, ublic Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | January 31, 2005 average urs per . 0.5 | |
| (Print or Type Respon | ises) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> GADICKE ANSBERT | | | 2. Issuer Name and Ticker or Trading Symbol Radius Health, Inc. [RDUS] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (I | First) (I | Middle) | | of Earliest T | | 1 | (Check all applicable) | | | |
| C/O RADIUS HEALTH, INC., 950 WINTER ST. | | | (Month/Day/Year) 12/17/2014 | | | X_ DirectorX_ 10% Owner Officer (give titleOther (specify below) | | | | |
| (5 | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | | |
| WALTHAM, MA | A 02145 | | | | | | Form filed by Person | More than One R | eporting | |
| (City) (S | State) | (Zip) | Tab | le I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | |
| | nsaction Date th/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securiti nAcquired Disposed (Instr. 3, 4 Amount | (A) or of (D) | Securities Beneficially Owned | 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 | ned directly | or indirectly. | | | |
| | | | | | Perso inform requir | ns who rest nation cont ed to resp ys a curre | spond to the colle ained 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) |

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | (Instr. 8) | 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) | \$ 30.97 | 12/17/2014 | А | 30,000 | 12/17/2014 | 12/16/2024 | Common Stock | \$ 30,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| GADICKE ANSBERT C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02145 | Х | Х | | | | |
| Signatures | | | | | | |
| /s/ B. Nicholas Harvey, Attorney-in-fact | 12/19/2014 | | | | | |
| **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.