

Radius Health, Inc.  
Form 4/A  
January 20, 2015

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
F2 Bioscience III, L.P.

(Last) (First) (Middle)

UGLAND HOUSE, SOUTH  
CHURCH STREET, PO BOX 309

(Street)

GEORGE TOWN, E9 KY1-1104

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
Radius Health, Inc. [RDUS]

3. Date of Earliest Transaction  
(Month/Day/Year)  
01/08/2015

4. If Amendment, Date Original Filed(Month/Day/Year)  
01/12/2015

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_X\_\_\_ 10% Owner  
\_\_\_ Officer (give title below) \_\_\_ Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_\_\_ Form filed by One Reporting Person  
\_X\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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

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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 Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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<u>Signature of Reporting Person</u>	Date
/s/ Morag Law, attorney-in-fact for Katherine Priestley	01/20/2015
<u>Signature of Reporting Person</u>	Date
/s/ Morag Law, attorney-in-fact Globeways Holdings Ltd.	01/20/2015
<u>Signature of Reporting Person</u>	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).  
The form 4 filed on January 12, 2015 incorrectly stated the exercise price of the Common Stock Warrant as \$2.694 and omitted  
(1) Globeways Holdings Ltd. ("Globeways") as a reporting person. This amendment is being filed to correct the exercise price and add Globeways.  
(2) Reflects a distribution by the Reporting Person to a limited partner pursuant to a discretionary election.  
The reported securities are owned directly by F2 Bioscience III, L.P. ("F2"). Each of F2 Biosciences GP Ltd. ("F2 GP"), Globeways, Katherine Priestley and F2 Capital Limited ("F2 Capital") are indirect beneficial owners of the reported securities. F2 GP is the General Partner of F2 and Globeways and Katherine Priestley are members of F2 GP. F2 Capital is an investment adviser to F2. Each of the  
(3) reporting persons disclaims beneficial ownership of the securities reported herein except to the extent of their pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

### Remarks:

#### Ex. 24.1 Power of Attorney

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.