Edgar Filing: Hattersley Gary - Form 4

Hattersley Gary Form 4										
February 15, 201	.8									
FORM 4			CECU	DIFIER					PPROVAL	
	UNITED	STATES			AND EX 1, D.C. 20		COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer									January 31, 2005	
subject to Section 16. Form 4 or	subject to Section 16. SECURITIES Form 4 or						Estimated a burden hou response	average urs per		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17((a) of the	Public U	Itility Hol	lding Con		nge Act of 1934, of 1935 or Secti 940			
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Hattersley Gary			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	of Earliest T	Transaction		(Ch			
C/O RADIUS HEALTH, INC., 950 WINTER ST.			(Month/Day/Year) 02/13/2018			Director 10% Owner X Officer (give title Other (specify below) below) Chief Scientific Officer				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
WALTHAM, M	IA 02451						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ransaction Date nth/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Report of	n a separate line	e for each cl	ass of sec	urities bene	-	-	-			
					inform requir	nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	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	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security	(Month/Day/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	Relationships					
	Director	10% Owner	Officer	Other		
Hattersley Gary C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451			Chief Scientific Officer			
Signatures						
/s/ Jose Carmona, as Attorney-in-fact		02/15/2018				
**C' (D (

<u>**</u>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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