Radius Health, In Form 4	с.										
February 12, 2016	5										
									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								NOMB Number:	3235-028	37	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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										1, 05	
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Graves Kurt			2. Issuer Name <b>and</b> Ticker or Trading Symbol Radius Health, Inc. [RDUS]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (	(First) (Middle) 3. Date of Earliest Transaction					(Check all applicable)					
C/O RADIUS HI WINTER ST.	C., 950	(Month/Day/Year) 02/10/2016				Officer (give titleOther (specify below) below)					
			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
WALTHAM, MA	A 02145						Person	More than One R	eporting		
(City) (	State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
	nsaction Date th/Day/Year)	2A. Deema 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.				
					inform requir	nation cont ed to respo ys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	i 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	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)	or Dispose (D)	(Instr. 3, 4,				(
			Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 29.89	02/10/2016	А	27,500		<u>(1)</u>	02/09/2026	Common Stock	27,500

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Graves Kurt C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02145	Х							
Signatures								
/s/ B. Nicholas Harvey, Attorney-in-fact		02/12/2	016					

<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) The option vests in full on February 10, 2017, subject to continued service to the Company through such date.

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.

(