Radius Health Form 4	, Inc.											
December 19,	2014											
		OMB APPROVAL										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287			
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pur Gection 17(AENT OF rsuant to S (a) of the 1 30(h)	Estimated burden hou response	Estimated average burden hours per response 0.5								
(Print or Type Re	sponses)											
1. Name and Address of Reporting Person <u>*</u> Muenchbach Martin			Symbol	er Name an Health, l		-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (First) (Middle) 3. Date of Earliest Transaction						(Check an applicable)				
C/O RADIUS WINTER ST.	(Month/ 12/17/2	Day/Year) 2014			X_Director10% Owner Officer (give titleOther (specify below)below)							
	(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,	MA 02145						Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities	Acquired, Disposed o	of, or Beneficia	lly Owned			
	Transaction Date Aonth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Repor	t on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.					
					inforı requi	nation cor red to resp ays a curre	espond to the collect ntained in this form cond unless the for ently valid OMB con	are not m	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		A		30,000		12/17/2014	12/16/2024	Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address	Relationships								
reporting of the rame (rear cos	Director	10% Owner	Officer	Other					
Muenchbach Martin C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02145	Х								
Signatures									
/s/ B. Nicholas Harvey, Attorney-in-fact		12/19/2	014						

<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).

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.