Radius Health, I	Inc.								
Form 4									
February 22, 20	17								
FORM 4	1								PPROVAL
	UNITED	STATES		RITIES A shington			COMMISSION	NOMB Number:	3235-0287
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	STATEN Filed put		Section 1 Public U	SECUE	Estimated burden hou response	Estimated average burden hours per response 0.5			
(Print or Type Resp	oonses)								
1. Name and Addree AUERBACH A	Symbol	er Name an Health, I		-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle) 3. Date of Earliest Transaction				(Check an applicable)				
C/O RADIUS I WINTER ST.	(Month/Day/Year) 02/17/2017				X_ Director10% Owner Officer (give titleOther (specify below)Other (specify				
	(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, N	AA 02451						Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned
	'ransaction Date onth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly	or indirectly.		
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the colle ained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)

privative Securities Acquired Disposed of an Repeticial

 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	· · · · · · · · · · · · · · · · · · ·		(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)	\$ 45.65	02/17/2017		A		27,500		<u>(1)</u>	02/16/2027	Common Stock	27,500

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
AUERBACH ALAN H C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451	Х								
Signatures									
/s/ B. Nicholas Harvey, Attorney-in-fact		02/22/20	017						

<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 17, 2018, subject to continued service to the Issuer 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.

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