Radius Health, Form 4	Inc.										
February 22, 20	)17										
FORM	Л	~~				~~~	~~~~~~~~~~		PPROVAL		
	UNITED	STATES		RITIES A	NOMB Number:	3235-0287					
Check this b if no longer subject to Section 16. Form 4 or	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligations may continue. See Instruction 1(b). 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 Resp	ponses)										
1. Name and Address of Reporting Person <u></u> GARNIER JEAN PIERRE			Symbol	er Name <b>an</b> o		-	5. Relationship of Reporting Person(s) to Issuer				
			Radius	Health, I	nc. [RDU	[S]	(Check all applicable)				
(Last) (First) (Middle) C/O RADIUS HEALTH, INC., 950 WINTER ST.			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/17/2017</li></ul>				X_ Director10% Owner Officer (give titleOther (specify below) below)				
	(Street)	treet) 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, 1	MA 02451						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
	Fransaction Date onth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	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		(D) Price	(Instr. 3 and 4)				
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	•	•	or indirectly.	ction of	SEC 1474		
					inforn requir	nation cont ed to respo ys a curre	ained in this form ond unless the for ntly valid OMB co	i are not rm	(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/Y	Zear) (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	А		27,500		<u>(1)</u>	02/16/2027	Common Stock	27,500

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other				
GARNIER JEAN PIERRE C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451	Х							
Signatures								
/s/ B. Nicholas B. Harvey, Attorney-in-fact	02/22/2017							
**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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