Radius Heal Form 4	lth, Inc.											
February 22	2, 2017											
FORM	ЛЛ									PPROVA	۱L	
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:		-0287	
Check tl if no lor subject t Section Form 4 Form 5	nger STATEN to STATEN 16. or			SECU	WNERSHIP OF	Estimated burden hoi response	Expires:January 31, 2005Estimated average burden hours per response0.5					
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	Responses)											
1. Name and Address of Reporting Person <u>*</u> Snow David P.			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		Radius Health, Inc. [RDUS]					(Check all applicable)					
(Last)	(First) (irst) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)				ion		Director 10% Owner				
C/O RADI WINTER S	C., 950	02/17/2017					XOfficer (give titleOther (specify below) below) Chief Commercial Officer					
	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 						
WALTHA	M, MA 02451							Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivat	tive Se	ecurities A	cquired, Disposed	of, or Beneficia	lly Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip				
						,	,					
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Per inf rec	rsons orma quirec	s who res tion cont d to respo	or indirectly. Spond to the colle ained in this form ond unless the fo ntly valid OMB co	n 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
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)

number.

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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)	\$ 45.65	02/17/2017		А		75,000		<u>(1)</u>	02/16/2027	Common Stock	75,000

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
Snow David P. C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451			Chief Commercial Off	icer
Signatures				
/s/ B. Nicholas Harvey, 02/22/20 Attorney-in-fact			017	
**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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