Radius Health, In Form 4	IC.										
February 12, 2010	6										
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FORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to 								NOMB Number:	OMB 3235-02 Number: January Expires: 21 Estimated average burden hours per response		
								Expires: Estimated burden hou response			
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Hughes Owen			2. Issuer Name <b>and</b> Ticker or Trading Symbol Radius Health, Inc. [RDUS]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	Last) (First) (Middle) 3			3. Date of Earliest Transaction			(Check all applicable)				
C/O RADIUS HEALTH, INC., 950 WINTER ST.			(Month/Day/Year) 02/10/2016				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					
WALTHAM, M	A 02145						Form filed by Person	More than One R	eporting		
(City) (	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	1	
	ansaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	
Reminder: Report on	a separate line	for each cla	ass of sec	urities bene	ficially own	ned directly	or indirectly.				
					Perso inform requir	ns who rest nation cont ed to resp 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**

<b>Reporting Owner Name / Address</b>	Relationships								
	Director	10% Owner	Officer	Other					
Hughes Owen C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02145	Х								
Signatures									
/s/ B. Nicholas Harvey, Attorney-in-fact		02/12/20	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.

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