Edgar Filing: FRIEDMAN CATHY - Form 4

FRIEDMAN Form 4	CATHY											
Form 4 February 26,	2019											
FORM	4 UNIT	ED STATE	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							PPROVAL 3235-0287		
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STAT 6. Filed ¹⁸ Section	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940							Estimated burden hou response	Estimated average burden hours per response 0.8		
(Print or Type R	lesponses)											
			Symbol	2. Issuer Name and Ticker or Trading Symbol Radius Health, Inc. [RDUS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O RADIU WINTER ST	(First) ΓS HEALTH, Γ.	(Middle) INC., 950	3. Date of (Month/D 02/22/20	ay/Year)	Transaction			X Director Officer (giv below)	109	% Owner er (specify		
	(Street) 4. If Amendm Filed(Month/E				U	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WALTHAM	I, MA 02451							Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-	-Derivative	Secur	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)		ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/22/2019			А	5,500	A	<u>(1)</u>	10,300	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 19.18	02/22/2019		А	10,000	(2)	02/22/2029	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FRIEDMAN CATHY C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451	Х						
Signatures							
/s/ Brent Hatzis-Schoch, as Attorney-in-Fact		02/2	26/2019				
**Signature of Reporting Person		1	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).

The shares were acquired pursuant to a restricted stock unit award under the 2018 Stock Option and Incentive Plan. Each restricted stock (1) unit represents a contingent right to receive one share of RDUS common stock. The restricted stock units vest in full on February 22, 2020, subject to continued service with RDUS through such date.

(2) The option vests in full on February 22, 2020, subject to continued service with RDUS 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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