Edgar Filing: Hopfield Jessica - Form 4

Hopfield Je Form 4 March 06, 2									
FORM	14					OMB AF	PROVAL		
-	UNITEL		CURITIES AND EXC Washington, D.C. 205		OMMISSION	OMB Number:	3235-0287		
Check this box if no longer STATEMENTE OF					Expires:	January 31, 2005			
subject	to SIAIE	MENT OF CH	ANGES IN BENEFI	ERSHIP OF	Estimated average				
Section 16. Form 4 or			SECURITIES			burden hours per response 0.5			
Form 5	Filed pu	rsuant to Secti	on 16(a) of the Securiti	ies Exchange	Act of 1934,	response	0.5		
obligati may co	ons Section 17		c Utility Holding Com	•		l			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1955 of Section 30(h) of the Investment Company Act of 1940									
1(b).									
(Print or Type	Responses)								
Hopfield Jessica Symbo			ssuer Name and Ticker or	5. Relationship of Reporting Person(s) to Issuer					
			ius Health, Inc. [RDU						
				(Check all applicable)					
(Last) (First) (Middle)			te of Earliest Transaction hth/Day/Year)	X_ Director10% Owner Officer (give titleOther (specify below) below)					
C/O RADIUS HEALTH, INC., 950			5/2019						
WINTER S	STREET			L	()	0010 (())			
			Amendment, Date Original	6. Individual or Joint/Group Filing(Check					
			(Month/Day/Year)		Applicable Line) _X_ Form filed by One Reporting Person				
WALTHA	M, MA 02451			Ī	Form filed by Mo Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Fable I - Non-Derivative S	Securities Acqui	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 3, 4	Securities Beneficially Owned	Ownership Inc Form: Be Direct (D) Ov				
				(Λ)	Following Reported	or Indirect (I)	(Instr. 4)		
				(A) or	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
C			Code V Amount	(D) Price	(msu. 5 anu 4)				
Common Stock	03/05/2019		P 12,800	A ^{\$} 19.2336	12,800	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hopfield Jessica C/O RADIUS HEALTH, INC. 950 WINTER STREET WALTHAM, MA 02451	Х					
Signatures						
/s/ Brent Hatzis-Schoch, as Attorney-in-Fact		03/06/2019				
**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).

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.