Edgar Filing: Orlandi Cesare - Form 4

Orlandi Cesa	ire											
Form 4												
April 27, 201	18											
FORM			CECUD			TT A 1		COMMISSION	r	PPROVAL		
	UNITE	DSIAIES					NGE (20MINISSION	OND	3235-0287		
Check thi	is box		vv as	hington,	D.C. 20:	549			Number:	January 31,		
if no long		MENT O	Г СНА М	CES IN I	RENEFI	CIA		NERSHIP OF	Expires:	2005		
subject to)		r Chan	SECUR		CIA			Estimated a			
Section 1 Form 4 or				SECOR	CURITIES					burden hours per response 0.		
Form 5		ursuant to	Section 10	6(a) of the	e Securiti	ies Er	xchano	e Act of 1934,	response	0.5		
obligation	ns Section 1'						-	f 1935 or Sectio	n			
may cont See Instru	inue.			vestment	•	· ·						
1(b).	iction	~ /			1.							
(Print or Type F	Responses)											
		- *										
Orlandi Cesare Symbol				Name and	Ticker or '	Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer				
			Lantheu	s Holding	s, Inc. [I	LNT	1]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
			(Month/D	-				Director 10% Owner X_ Officer (give title Other (specify				
C/O LANTHEUS HOLDINGS, 04/26/20 INC., 331 TREBLE COVE ROAD				018				below) below)				
INC., 331 I	REBLE COVE	2 ROAD						Chief	Medical Office	er		
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)					
				th/Day/Year)								
X Form filed by							One Reporting Person More than One Reporting					
NORTH BII	LLERICA, MA	01862						Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(WOIIIII/	Day/Teal)	(111501.0)	(111501. 5,	4 anu	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	04/26/2018			F(1)	3,314	D	\$	108,311	D			
Stock	0 11 20 20 10				0,011	2	17.9	100,011	-			
Common	04/26/2018			S(2)	4,194	D	\$ 18	104,117	D			
Stock					, -							

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

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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						
1	Director	10% Owner	Officer	Other			
Orlandi Cesare C/O LANTHEUS HOLDINGS, INC. 331 TREBLE COVE ROAD NORTH BILLERICA, MA 01862			Chief Medical Officer				
Signatures							
/s/ Daniel Niedzwiecki, attorney-in-fact	04/	/27/2018					
<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 transaction reported on this Form 4 represents the disposition of shares withheld by the Company to satisfy withholding tax liabilities of the Reporting Person associated with the vesting of restricted stock previously granted and reported on a previously filed Form 4.
- (2) The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 4, 2017.

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.