Edgar Filing: Dere Willard H - Form 4

Form 4	н									
February 13,	2019									
FORM	4									PPROVAL
	- UNITE	D STATES			D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287
Check this			v v u .S.	inigton,	D.C. 20.				Expires:	January 31,
if no longe subject to Section 16 Form 4 or	STAT : 5.	EMENT O	F CHAN	GES IN SECUR		CIA	L OW	NERSHIP OF	Estimated a burden hou response	irs per
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section	17(a) of the		ility Hold	ding Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·	0.0
(Print or Type R	esponses)									
1. Name and Ad Dere Willard	ddress of Report I H	ing Person <u>*</u>	Symbol		l Ticker or '		g	5. Relationship o Issuer		
(Last)	(First)	(Middle)	3. Date of	Earliest Tı	ansaction			(Cne	ck all applicable	2)
C/O RADIU WINTER ST	S HEALTH,	INC., 950	(Month/Da 02/13/20	-				X Director Officer (give below)		b Owner er (specify
	(Street)		4. If Amen	dment, Da	ate Original			6. Individual or J	oint/Group Filin	ng(Check
WALTHAM	i, MA 02451		Filed(Mont	h/Day/Year)			Applicable Line) _X_ Form filed by Form filed by I Person	One Reporting Po More than One Ro	
(City)	(State)	(Zip)	Table	I Nov F		·	4		f an Danafiaia	Um Ommed
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Date 2A. Dee ear) Executi any		3.	4. Securi onAcquirec Disposec	ties l (A) o l of (D	r)	quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	02/13/2019			M	4,800	A	<u>(1)</u>	4,800	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. Transactiv Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	02/13/2019		М	4,800	(2)	(2)	Common Stock	4,800	Ą

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Dere Willard H C/O RADIUS HEALTH, INC. 950 WINTER ST. WALTHAM, MA 02451	Х			
Signatures				
/s/ Brent Hatzis-Schoch, as Attorney-in-Fact				
<u>**</u> 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).
- (1) Each restricted stock unit represents a contingent right to receive one share of RDUS common stock.
- (2) The restricted stock units vested in full on February 13, 2019.

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.