Edgar Filing: Hatzis-Schoch Brent - Form 4

Hatzis-Scho Form 4	och Brent										
November	13, 2017										
FORM	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
Check ti if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	nger to 16. or Filed pur ons ntinue.	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 30(h) of the Investment Company Act of 1940							January 31, 2005 Iverage rs per 0.5		
(Print or Type	Responses)										
Hatzis-Schoch Brent Symbol			ool	uer Name and Ticker or Trading ol 18 Health, Inc. [RDUS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O RADI WINTER S	US HEALTH, IN	(Mon	te of Earliest Tr th/Day/Year) 0/2017	ansaction			Director X Officer (give below)	10%	Owner er (specify		
	(Street)		Amendment, Da (Month/Day/Year	U	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O	-	-		
WALTHA	M, MA 02451						Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Fable I - Non-D) erivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	mr Dispos (Instr. 3, 4	ed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/10/2017		Р	1,778	А	\$ 28.0893	2,278	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
Hatzis-Schoch Brent C/O RADIUS HEALTH, IN 950 WINTER ST. WALTHAM, MA 02451	C.		Sr. VP, General Counsel					
Signatures								
/s/ Brent Hatzis-Schoch	11/13/2017							
<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).

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.