FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

|   | Check this box if no longer subject to |
|---|----------------------------------------|
| ١ | Section 16. Form 4 or Form 5           |
| ) | obligations may continue. See          |
|   | Instruction 1(h)                       |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*                                         |                                                                       |                                            |                                                          |       |           | Issuer Name and Ticker or Trading Symbol                 |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             | 5. Relationship of Reporting Person(s) to Issuer      |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-------|-----------|----------------------------------------------------------|--------------------------------------------------------|------------------|--------------------------------|--------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|----------------|----------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|--|--|
|                                                                                  | Lantheus Holdings, Inc. [ LNTH ]                                      |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      | (Check all applicable) |                                                                                                   |                |                      |                                                                             |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| Heino Mary Anne                                                                  |                                                                       |                                            |                                                          |       |           |                                                          | ======================================                 |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             | X Director                                            |                                                                                                                         | 10% O                                                             |                       | wner                                                               |  |  |
|                                                                                  |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                | _                    | X Officer (give title below)                                                |                                                       |                                                                                                                         |                                                                   | Other (specify below) |                                                                    |  |  |
| (Last) (First) (Middle)                                                          |                                                                       |                                            |                                                          |       |           | 3. Date of Earliest Transaction (Month/Day/Year)         |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             | DCIO                                                  | )                                                                                                                       |                                                                   |                       |                                                                    |  |  |
| C/O LANTHEUS HOLDINGS, INC.                                                      |                                                                       |                                            |                                                          |       |           |                                                          | 08/31/2017                                             |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             |                                                       | resider                                                                                                                 | 0. 0.2                                                            |                       |                                                                    |  |  |
| 331 TREBLE COVE ROAD                                                             |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| (0)                                                                              |                                                                       |                                            |                                                          |       | 4. If     | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             | 6. Individual or Joint/Group Filing (Check Applicable |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| (Street) NORTH                                                                   |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      | Line)                                                                       |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| BILLERI                                                                          | CA M                                                                  | A C                                        | 1862                                                     |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      | X Form filed by One Reporting Person  Form filed by More than One Reporting |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
|                                                                                  |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             | Pers                                                  |                                                                                                                         | e man Oi                                                          | іе кер                | orung                                                              |  |  |
| (City)                                                                           | (St                                                                   | ate) (2                                    | Zip)                                                     |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  |                                |                                      |                        |                                                                                                   |                |                      |                                                                             |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                       |                                                                       |                                            |                                                          |       |           | ır) E                                                    | A. Deemed<br>xecution Date,<br>any<br>//onth/Day/Year) |                  | Code                           | Transaction Disposed Code (Instr. 5) |                        |                                                                                                   |                |                      | and Secur<br>Bene                                                           |                                                       | cially<br>I Following                                                                                                   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |
|                                                                                  |                                                                       |                                            |                                                          |       |           |                                                          |                                                        |                  | Code                           | v                                    | Amount                 |                                                                                                   | (A) or<br>(D)  | Price                | .  1                                                                        | Γransa                                                | ction(s)<br>3 and 4)                                                                                                    |                                                                   |                       | (111501.4)                                                         |  |  |
| Common Stock 08/31/                                                              |                                                                       |                                            |                                                          |       |           | /2017                                                    |                                                        | F <sup>(1)</sup> |                                | 26,701                               |                        | D                                                                                                 | \$17           | 7.5                  | .5 565,767                                                                  |                                                       | D                                                                                                                       |                                                                   |                       |                                                                    |  |  |
|                                                                                  |                                                                       | Та                                         |                                                          |       |           |                                                          |                                                        |                  |                                |                                      | sed of,<br>onvertib    |                                                                                                   |                |                      | y Ow                                                                        | ned                                                   |                                                                                                                         |                                                                   |                       |                                                                    |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Yea | Date, | Code (Ins |                                                          |                                                        |                  | 6. Date<br>Expirati<br>(Month/ | on Dat                               |                        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                |                      |                                                                             | ivative<br>urity<br>tr. 5)                            | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | :<br>t (D)<br>direct  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|                                                                                  |                                                                       |                                            |                                                          |       | Code      | v                                                        | (A)                                                    | (D)              | Date<br>Exercis                |                                      | Expiration<br>Date     | Title                                                                                             | or<br>Nu<br>of | ount<br>mber<br>ares |                                                                             |                                                       |                                                                                                                         |                                                                   |                       |                                                                    |  |  |

## **Explanation of Responses:**

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.

## Remarks:

/s/ Michael P. Duffy, attorneyin-fact

09/01/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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 Number.