FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Orlandi Cesare (Last) (First) (Middle) C/O LANTHEUS HOLDINGS, INC. 331 TREBLE COVE ROAD | | | | | 2. Issuer Name and Ticker or Trading Symbol Lantheus Holdings, Inc. [LNTH] 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2018 | | | | | | | | | | | all app Dired Offic | olicable) ctor er (give title | g Person(s) to Iss 10% Ow Other (s | | wner (specify |
|--|---|--|------------|---|---|---|----------------------------------|-----------|------------|---|---------------------|--------------------------|----------------|--|---|--|---|---|--|------------------|
| | | | | | | | | | | | | | | | A | below) below) Chief Medical Officer | | | | |
| (Street) NORTH BILLERI | CCA M. | A (|)1862 | | 4. If | Ame | endmen | t, Date c | of Origina | al Filed | (Month/Da | ay/Ye | ear) | | 5. Individ ine) X | Forn | r Joint/Group n filed by Ond n filed by Modon | e Re | porting Pers | on |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | 2. Trans | | | med on Date, | 3. Transact Code (In 8) | | 5) (4) or | | d (A) o |) or 5. A Sec Ber Ow Rep | | 5. Amount of Securities Beneficially | | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | | | 04/26 | 6/2018 | | | | | V | 3,314 | 4 | (D) | 1 | 7.9 | (Instr. 3 and 4) 108,311 | | | D | | |
| Common Stock 04 | | | 04/26 | 6/2018 | | S ⁽²⁾ | | 4,194 | | D | \$ | 18 1 | | 104,117 | | D | | | | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | on Date Execut se (Month/Day/Year) Execut if any (Month | if any | Deemed 4 ution Date, 7 v th/Day/Year) 8 | | 4. Transaction Code (Instr. B) | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date | | | or Nu of | | 8. Price of Derivative Security (Instr. 5) | ative ity | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

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.
- 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.

Remarks:

/s/ Daniel Niedzwiecki, 04/27/2018 attorney-in-fact

** Signature of Reporting Person Date

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

- * 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.