longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 an	d Address o	f Reporting Person	*	2. Issuer	r Nam	e and T	Ticker o	or Trading S	Symbol	5. Re	elationship		ing Person(s) t		
	ERNER RICHARD A			Opko Health, Inc. [OPK]					x	(Check all applicable) X Director 10% Owner					
OPKO H	(Last) (Middle) DPKO HEALTH, INC., 4400 BISCAYNE BOULEVARD, 15TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 09/19/2007							e title below)		r (specify below)		
(Street) MIAMI, FL 33137			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)			Tab	lo I N	Non Dorivot	tivo Cognetios	Agguired	Disposed	of or Pon	oficially Own	ad	
1.Title of S (Instr. 3)	tle of Security 2. Transaction		Execution any	2A. Deemed Execution Date, if any (Month/Day/Year)  Code V Amount (D) Price  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia  4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Price		eneficially 6 cd C	. 7. Ownership of orm: Be	eneficial wnership							
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally ov	vnea an	rectly (			d to the co	ollection	of inform	ation	SEC 14	74 (9-02)
Reminder:	Report on a	separate line for eac	Table II - l	Derivativ	e Seci	urities A	Acquir	Persons containe form dis	who respond d in this form plays a curre ed of, or Bene	m are not i ently valid ficially Owi	required OMB co	to respon	d unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - I  3A. Deemed Execution Date, if	Derivativ e.g., puts 4. Transact Code	tion of E	urities A	Acquirants, of E	Persons containe form dis	who respond in this form plays a curred of, or Beneficiable and atte	m are not i ently valid ficially Owi	required OMB co ned	8. Price of Derivative Security	d unless th	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I  (  3A. Deemed Execution Date, if any	Derivativ e.g., puts 4. Transact Code	tion of E	urities As, warra s, warra . Numb f Derivativ eccuritie Acquirec A) or Disposed D) Instr. 3, nd 5)	Acquirants, oper 6. E (Nes d) d of 4,	Persons containe form dispersions, converted by the conve	who respond in this form plays a curred of, or Beneficiable and atte	n are not in ently valid ficially Own ties)  7. Title and Amount of Underlying Securities	required OMB co ned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)

# Reporting Owners

Donastino Como None / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LERNER RICHARD A OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, 15TH FLOOR MIAMI, FL 33137	X					

# **Signatures**

/s/ Richard A. Lerner	09/19/2007
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 \ for procedure.$ 

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.