FORM 4

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

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

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 and Address of Reporting Person * BARON ROBERT A (Last) (First) (Middle)			Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] Date of Earliest Transaction (Month/Day/Year)					x_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director Officer (give title below) Other (specify below)						
2401 INGLESIDE AVENUE SUITE 1D			3. Date of Earliest Transaction (Month/Day/Year) 09/19/2007						omeer (grv	cuite ocion)		(specify delo-	.,		
(Street) CINCINNATI, OH 45206			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fe	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					Acquired,	tired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	I.Title of Security Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed 3. T Execution Date, if Cod any (Ins (Month/Day/Year)			8) (A)	Securities Acqu of or Disposed of Str. 3, 4 and 5) (A) or nount (D)	of (D) Owne Trans	D) Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed (Ownership Form:	Beneficial Ownership		
Reminder:								containe	who responed in this form	n are not r	required	to respon	d unless th		474 (9-02)
reminuel.								containe form dis		m are not r ently valid ficially Owr	required OMB co	to respon	d unless th		474 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	s, cal	lls, warr 5. Numb	ber ive es ed	containe form dis	ed in this form plays a curre ed of, or Benef vertible securi cisable and ate	m are not r ently valid ficially Owr	required OMB co	to respondentrol num	d unless th	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, cal	5. Numb of Derivati Securitic Acquire (A) or Dispose (D) (Instr. 3.	ber ive es ed	containe form dispuired, Dispose options, conv 6. Date Exerc Expiration Da	ed in this form plays a curre ed of, or Benef vertible securi cisable and ate	rn are not rently valid ficially Own ties) 7. Title and Amount of Underlying Securities	required OMB co	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

P (0 N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BARON ROBERT A 2401 INGLESIDE AVENUE SUITE 1D CINCINNATI, OH 45206	X					

Signatures

/ / D 1 / D	00/10/2007
/s/ Robert Baron	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, 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.