FORM	4

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Check this box if no
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

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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

(Thit of Type Respons	(3)												
1. Name and Address PAGANELLI JOH	2. Issuer Name <b>an</b> Opko Health, Inc		Tradi	ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) 1250 PITTSFORD 200 - SUITE 280	(First) - VICTOR ROA		3. Date of Earliest T 09/19/2007	. Date of Earliest Transaction (Month/Day/Year)Officer (give title below)Other (specify									
PITTSFORD, NY		4. If Amendment, Date Original Filed(Month/Day/Year)						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)	Т	able I - Noi	n-Der	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ov	ned			
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature		
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect		
		(Month/Day/Year)	any any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial		
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership		
										or Indirect	(Instr. 4)		
							(A) or			(I)			
				Code	V	Amount	(D)	Price		(Instr. 4)			

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

Persons who respond to the collection of information SEC 1474 (9-02) 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 2.	3. Transaction	3A. Deemed	4.	. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivat	ive Conversion	Date	Execution Date, if	Transact	Transaction of F		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Securit		(Month/Day/Year)		Code							2		Form of	Beneficial	
(Instr. 3	· · · · · · · · · · · · · · · · · · ·		(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·						· /	-	Derivative	1		
	Derivative					Acquire	d			(Instr. 3 an	d 4)			2	(Instr. 4)
	Security					(A) or	1.6						0	Direct (D)	
						Dispose (D)	1 01						Reported Transaction(s)	or Indirect	
						(D) (Instr. 3,	4						· · · · · · · · · · · · · · · · · · ·	(I) (Instr. 4)	
						and 5)	.,						(msu: i)	(11501. 1)	
											Amount				
									<b>.</b>		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock	<b>.</b> 4.15	00/10/0007				25 000		00/10/2000	00/10/2014	Common Stock	25 000	<b></b>	25.000	D	
Option	\$ 4.15	09/19/2007		A		25,000		09/19/2008	09/19/2014	Stock	25,000	\$ 0	25,000	D	

## **Reporting Owners**

Demostrine Ormen Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PAGANELLI JOHN A 1250 PITTSFORD - VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	х						

### **Signatures**

/s/ John A. Paganelli	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.