# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

#### 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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * BARON ROBERT A				2. Issuer Name <b>and</b> Ticker or Trading Symbol Opko Health, Inc. [OPK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 2401 INGLESIDE AVENUE, SUITE 1D				3. Date of Earliest Transaction (Month/Day/Year) 02/07/2008						•		er (give title belo	ow)	Other (specify	below)
(Street) CINCINNATI, OH 45206				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)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	f Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		of Beneficia Reported		ally Owned Following I Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	Amoui	(A) or nt (D)	Price				(I) (Instr. 4)	
Common	Stock		02/07/2008			P		50,00		\$ 1.8	238,000			D	
			Table II - D	erivative Securit	ies A	c	conta the fo	ained i orm di	n this for splays a	m are curre	e not req ntly vali	uired to re d OMB cor	nformation espond un ntrol numb	less	EC 1474 (9- 02)
				g., puts, calls, wa						— <u> </u>		la = 1 - a		2 - 2	
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Y		4. 5. Number 6. Date Exercisable and Expiration Date Derivative (Month/Day/Year)  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Amo Und Secu	nount of derlying curities astr. 3 and Derivative Security (Instr. 5)		Derivative G Securities F Beneficially I Owned S Following I Reported C Transaction(s)	Owners Form o Derivat Security Direct ( or Indir	Ownershi (Instr. 4) D) ect				
				Code V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares				

#### **Reporting Owners**

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARON ROBERT A 2401 INGLESIDE AVENUE SUITE 1D CINCINNATI, OH 45206	X						

### **Signatures**

/a/ Robert Baron	02/08/2008
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.