## FORM 4

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

OMB APPROVAL
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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	s)																		
1. Name and Address of Reporting Person* HSIAO JANE PH D					2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]							5	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X Director X 10% Owner							
OPKO HEALTH, INC., 4400 BISCAYNE BLVD, SUITE 1180					3. Date of Earliest Transaction (Month/Day/Year) 03/27/2007							-	Office	r (give title belo	ow)	Other (spec	ify belo	w)		
(Street) MIAMI, FL 33137					4. If Amendment, Date Original Filed(Month/Day/Year) 03/30/2007							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City	')	(State)		(Zip)			Т	able I	- Nor	ı-D	erivative :	Secur	ities A	Acquir	red, Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		2A. Deemed Execution Date, if any Month/Day/Year)		, if	Code		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)		Benefic Reporte		ount of Securities icially Owned Following ted Transaction(s) 3 and 4)		Ownership Form: H Direct (D)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Cod	e	V	Amoui	nt	(A) or (D)	Price	;			(I) (Instr. 4)		180. 4)
Common	Stock		03/27/	2007				A			11,604,	144	A	<u>(1)</u>	11,604	,144 <sup>(2)</sup>		D		
				Table II -					quire	coi the	ntained i e form dis Disposed	n thi: splay of, or	s forn /s a c · Bene	n are urren ficiall	not requ tly valid	ction of inf uired to res OMB conf	spond unle	ss	EC 14	74 (9-02)
1. Title of	2	3. Transact	ion	3A. Deemed	(e.g., <sub>I</sub>	4.	s, w	5.	ts, op		ns, conver Date Exer				tle and	8 Price of	9. Number	of 10.		11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security	version Date (Month/Day e of vative		Execution Da y/Year) any		te, if Transaction Code (Instr. 8)		Number		an	ind Expiration Date Month/Day/Year)		Amor Unde Secur	unt of erlying	of Derivative Security (Instr. 5)		Own Forn Deri Secu Dire or In	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	(A)	(D)	Da Ex	ate tercisable	Expi Date	ration	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HSIAO JANE PH D OPKO HEALTH, INC. 4400 BISCAYNE BLVD, SUITE 1180 MIAMI, FL 33137	X	X				

#### **Signatures**

Jane Hsiao	02/13/2008
**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).
- (1) The reporting person acquired these securities in connection with the merger of Froptix Corporation into a wholly-owned subsidiary of the issuer in exchange for securities of Froptix held by the reporting person immediately before the merger. On the effective date of the merger the closing sales price of the issuer's common stock was \$3.28.
- (2) The amount of securities beneficially owned by the reporting person was incorrectly reported as 4,095,581 due to a typographical error, which carried over into two Forms 4 filed by the reporting person on July 16, 2007 and December 6, 2007.

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.