FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

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

ON

OMB APPROVAL
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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

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 – UPPALURI SUBBARAO V				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BOULEVARD, SUITE 1180				3. Date of Earliest Transaction (Month/Day/Year) 04/28/2008							X Officer (give title below) Other (specify below) Senior VP - CFO					
(Street)				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					
MIAMI,												roilli illed by i	wiore man one i	Reporting Person		
(Cit	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da		Date, if Co	ate, if Code (Instr.		(A) or I		of (D) Ow Tra	5. Amount of Securities Ber Owned Following Reported Transaction(s) (Instr. 3 and 4)		d Ov Fo	wnership or orm: B	. Nature f Indirect eneficial wnership	
				(World) Day		(/ I car)	Cod	e V	Amo	(A) or (D)	Price	(msu. 5 and 1)		or (I)	or Indirect (Inst (Inst. 4)	
Reminder:	Report on a	separate line for eac						Person contai form d	ns v ined displ	lays a curre	m are no ently vali	t required d OMB co	to respon	d unless the	SEC 14	74 (9-02)
										l of, or Bene ertible secur		wned				
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 1.65	04/28/2008		A		175,000		(1)	0	04/28/2015	Common Stock	n 175,000	\$ 0	175,000	D	

Reporting Owners

Damartin - Orman Nama / Addings	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
UPPALURI SUBBARAO V OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137			Senior VP - CFO			

Signatures

/s/ Subbarro Uppaluri	04/29/2008
**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) This option will vest in four equal annual installments beginning April 28, 2009.

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.