FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average	burden					
hours per response	e 0.5					

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 *- Rubin Steven D				2. Issuer Name and 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) OPKO HEALTH, INC., 4400 BISCAYNE BOULEVARD, SUITE 1180				3. Date of Earliest Transaction (Month/Day/Year) 05/08/2008						X Officer (give title below) Other (specify below) Executive VP - Administration				
(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, FL 33137 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Bo								Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, in	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		quired of	5. Amount of Securiti Beneficially Owned F Reported Transaction (Instr. 3 and 4)		ies Following	6. 7 Ownership c Form: E Direct (D)	Beneficial Ownership		
				Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		05/08/2008		P		20,000) A	\$ 1.25	4,189,168			D	
Common Stock									15,490,546		I	See Footnote (1)		
Reminder: indirectly.	Report on a	separate line f	or each class of secu	rities beneficially	owned di	Pers	sons wh	n this fo	rm ar	e not req	uired to re	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
				erivative Securiti		,				•	l			
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da Year) any	ate, if Transaction of		er 6. E and ve (Moss i	6. Date Exercisable and Expiration Date			Amount or	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners: Form of Derivati Security Direct (I or Indire	ve Ownership (Instr. 4)
				Code V	(A) (E	Exe		Date	Title	of Shares				

Reporting Owners

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Rubin Steven D OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	X		Executive VP - Administration					

Signatures

/s/ Steven Rubin	05/12/2008
**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).

 These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any

(1) pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.