## FORM 4

# or

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

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response	0.5						

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 *- LERNER RICHARD A				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) 08/01/2008								e title below)		her (specify below	)		
(Street) MIAMI, FL 33137				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					
(Cit		(State)	(Zip)			Ta	ble I	- Non-Dei	rivati	ive Securities	Acquire	d, Disposed	of, or Bene	eficially Ow	ned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea					Date, if		nsaction . 8)	(A) or Di		of (D) Ov Tra	5. Amount of Securi Owned Following R Transaction(s)			Ownership Form:	Beneficial		
				(Month/Day/Year		// Year)	Co	de V	Amount (A) or (D) Pr		Price	or (I		\ /	Ownership Instr. 4)		
1. Title of Derivative	2. Conversion	3. Transaction		e.g., put	s, ca	lls, war	rants	form uired, Dis, options, 6. Date E	disp spose conv	d in this for blays a curred of, or Bene ertible securisable and te	ently val	wned	8. Price of			11. Nature	
Security (Instr. 3)	or Exercise Price of Derivative Security			Code		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)			Amount Underly Securitie (Instr. 3	ing es	Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 1.78	08/01/2008		A		20,000	0	08/01/2	.009	08/01/2015	Comme	20.000	\$ 0	20,000	D		
Repor	ting O	wners		ī	Palat	tionshin	15										

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LERNER RICHARD A OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	X						

### **Signatures**

/s/ Adam Logal, Attorney-in-Fact	08/04/2008
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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.