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

OMB APPROVAL					
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longer subject to Section 16. Form 4 or Form 5 obligations  $\ \, \text{may continue.} \, \textit{See}$ 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

pe Response	es)													
1. Name and Address of Reporting Person * BARON ROBERT 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				
AND THE PARTY OF T						ansac	tion (Month/D	oay/Year)		Officer (giv	e title below)	Oth	er (specify below	)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
										roini med by	Wore than One	Reporting 1 erson	· 	
ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquired	ired, Disposed of, or Beneficially Owned						
le of Security 2. Transaction Date (Month/Day/Yea		r) any		Date, if	Code Instr.	(A (In	or Disposed of str. 3, 4 and 5)  (A) or	of (D) Ow Tra			ed	Ownership Form: Direct (D) or Indirect (I)	. Nature of Indirect Beneficial Ownership Instr. 4)	
Report on a	separate line for eac	Table II -	Derivativ	ve Se	ecurities	Acq	Persons containe form dis	who responed in this for plays a curred	m are not ently valide	required d OMB co	to respon	nd unless th		474 (9-02)
Security or Exercise (Month/Day/Year) any		3A. Deemed Execution Date, if any	4. 5. Nur f Transaction of Code Deriva ) (Instr. 8) Securi Acqui (A) or Dispo		5. Num of Derivat Securiti Acquire (A) or Dispose (D)	Number 6. Date Expirati (Month/ or or sposed of ) str. 3, 4,		5. Date Exercisable and 7. Expiration Date And Month/Day/Year) Un Se		of ng s	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
									. Commo					
	nd Address of ROBERT st) GLESIDE A NATI, OH ty) Security  Report on a  2. Conversion or Exercise of Derivative	nd Address of Reporting Person - ROBERT A  st) (First) GLESIDE AVENUE, SUITH (Street)  NATI, OH 45206 ty) (State)  Security  Report on a separate line for eac  2. (Support of Conversion of Conversion of Exercise (Month/Day/Year)  Price of Derivative	nd Address of Reporting Person *- ROBERT A  st) (First) (Middle) GLESIDE AVENUE, SUITE 1D  (Street)  NATI, OH 45206  ty) (State) (Zip)  Security  2. Transaction Date (Month/Day/Year)  Table II -  2. Conversion Or Exercise Price of Derivative  Assume the person *- (Month/Day/Year)  *-  Table II -  2. (Month/Day/Year)  Assume the person *- (Month/Day/Year)  *-  Table II -  Execution Date (Month/Day/Year)  (Month/Day/Year)	Address of Reporting Person 2. Issue Opko H  St) (First) (Middle) 3. Date of O8/01/2  (Street) 4. If Amo  NATI, OH 45206  (State) 2. Transaction Date (Month/Day/Year)  Report on a separate line for each class of securities beneficies  Table II - Derivativ (e.g., pute any (Month/Day/Year))  2. Transaction Date (e.g., pute any (Month/Day/Year))  A Derivative Security 3. Transaction Date (Month/Day/Year)  A Demed Execution Date, if Transaction Code (Instr. 8)	nd Address of Reporting Person *	Address of Reporting Person - ROBERT A	and Address of Reporting Person **  ROBERT A  Si) (First) (Middle) (Street)  (Street)  NATI, OH 45206  (Street)  NATI, OH 45206  Security  Code (Month/Day/Year)  Report on a separate line for each class of securities beneficially owned directly any or Exercise Price of Derivative Security  Table II - Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	And Address of Reporting Person PROBERT A  Set of Code Preson Part    Code	And Address of Reporting Person 2  ROBERT A  Si) (First) (Middle) (Street)  NATI, OH 45206  Security  2. Transaction Date (Month/Day/Year)  Report on a separate line for each class of securities beneficially owned directly or indirectly.  Table II - Derivative Securities Acquired, Disposed of Context (Month/Day/Year)  Table II - Derivative Securities Securities Securities Securities Security  Table II - Derivative Securities	And Address of Reporting Person - ROBERT A  Opko Health, Inc. [OPK]  3. Date of Earliest Transaction (Month/Day/Year) O8/01/2008  (Street)  ATAIL, OH 45206  Security  2. Transaction Date (Month/Day/Year)  Obecause the first of the contained in this form are not form displays a currently validate of Execution Date (A) or Disposed of the contained in this form are not form displays a currently validate of Execution Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  And Address of Reporting Person - Opko Health, Inc. [OPK]  3. Date of Earliest Transaction (Month/Day/Year) O8/01/2008  4. If Amendment, Date Original Filed(Month/Day/Year)  Code (A) or Disposed of (D) Ow (Instr. 8) October V Amount (A) or Disposed of (D) Ow (Instr. 8) October V Amount (A) or October On the contained in this form are not form displays a currently validate of Execution Date, if October On the Contained in this form are not form displays a currently validate of Exercise (Month/Day/Year)  Table II - Derivative Securities Acquired, Disposed of, or Beneficially October On Date (A) or Disposed of (D) (Instr. 8) On Exercise Price of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Expiration Date (Month/Day/Year) On Date (Instr. 3, 4, and 5)  Date Expiration Date (Instr. 3, 4, and 5)	Address of Reporting Person *  ROBERT A  3)	Address of Reporting Person * Opko Health, Inc. [OPK]  3. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]  (Chec X_Director Officer (give title below)  3. Date of Earliest Transaction (Month/Day/Year)  (State)  (State)  4. If Amendment, Date Original Filed(Month/Day/Year)  (State)  7. Transaction Date (Month/Day/Year)  (State)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 8)  (Instr. 3, 4 and 5)  (Instr. 3 and 4)  (Instr. 3 and 4)  (Instr. 3)  (Ins	Address of Reporting Person **  ROBERT A  Opko Health, Inc. [OPK]  3. Date of Earliest Transaction (Month/Day/Year)  GLESIDE AVENUE, SUITE 1D  Security  ATTION (State)  Security  ATTION (Month/Day/Year)  Conversion Date (Month/Day/Year)  Conversion Date (Code Undoth/Day/Year)  Conversion Date (Code Undoth/Day/Year)  ATTION (Month/Day/Year)  ATTION (Month/Day/Year)  Conversion Date (Code (Month/Day/Year)  Conversion Date (Code (Month/Day/Year)  ATTION (Month/Day/Year)	Address of Reporting Person * Opko Health, Inc. [OPK]  3. Date of Earliest Transaction (Month/Day/Year)  (Sizes)  (Month/Day/Year)  (Month

Donostino Omno Nono / Adduso	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARON ROBERT A 2401 INGLESIDE AVENUE, SUITE 1D CINCINNATI, OH 45206	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, 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.