FORM	4	

(Print or Type Perper

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

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

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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 Investment Company Act of 1940

(I Thit of Type Respons	•••)											
1. Name and Address of PFENNIGER RICH	1 0		2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]				ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) OPKO HEALTH, I BOULEVARD, SU	/	T D TD	3. Date of Earliest Transaction (Month/Day/Year) 08/01/2008					Officer (give title below) O	ther (specify belo	ow)		
MIAMI, FL 33137	(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			
(City)	(State)	(Zip)	Т	able I - No	n-Der	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ov	vned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect	
· · ·		(Month/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial				
			(Month/Day/Year)					(Instr. 3 and 4)	Direct (D)	Ownership		
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

		Persons who re	spond to the collection of information	SEC 1474 (9-02)
		contained in thi	s form are not required to respond unless the	
		form displays a	currently valid OMB control number.	
		_		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	Number 6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact			f Expiration Date		Amount of Derivative		Derivative	Derivative	Ownership	of Indirect	
-		(Month/Day/Year)		Code		Derivati		(Month/Day/	/	Underlying		2			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie			Securities			· /	-	Derivative	1
	Derivative					Acquire	t	(Instr. 3 and 4)					(Instr. 4)		
	Security					(A) or	1 0						Direct (D)		
						Dispose	101						Reported Transaction(s)	or Indirect	
						(D) (Instr. 3,	4						(Instr. 4)	(1) (Instr. 4)	
						(1130.5) and 5)	ч,				(1130.4)	(111501.4)			
											Amount				
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	¢ 1 70	00/01/2000				20.000		00/01/2000	00/01/2015	Common Stock	20.000	¢ 0	20.000	D	
(Right to	\$ 1.78	08/01/2008		Α		20,000		08/01/2009	08/01/2015	Stock	20,000	\$ 0	20,000	D	
Buy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PFENNIGER RICHARD C JR OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	Х						

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.