FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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 *- UPPALURI SUBBARAO V			2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD, SUITE 1180			3. Date of Earliest Transaction (Month/Day/Year) 08/08/2008						X Officer (give title below) Other (specify below) Senior Vice President - CFO						
(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						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8)	ction	4. Secur (A) or I (D) (Instr. 3	Disposed	of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownersh: Form: Direct (D or Indirect			Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V	Amount		Price				(I) (Instr. 4)	
Common	Stock		08/08/2008			A		25,000	A	\$ 1.11	3,822,80	59		D	
Common	Stock										160,000			I	See Footnote
Common	Stock										15,490,	546		I	See Footnote
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	irities benef	icially o	wned direc	tly o	r							
							cont	ained ir	this fo	orm ar	e not req	uired to re	formation espond un ntrol numb	less	EC 1474 (9- 02)
			Table II - I	Derivative S e.g., puts, ca								i			
1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) any		ate, if Transaction of and		6. D and	Expiration Date Onth/Day/Year) Am Un-			derlying urities str. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	ve Ownership (Instr. 4) D)			
				Cod	e V	(A) (D)	Date Exe	e I rcisable I	Expiratio Date	On Title	Amount or Number of Shares				
Repor	ting O	wners													
	Donortina O	lumor Name /	Address			Rel	ation	ıships							
Reporting Owner Name / Address Director 10% Ov			vner Officer					Other							

Senior Vice President - CFO

Signatures

MIAMI, FL 33137

UPPALURI SUBBARAO V

/s/ Subbarao V. Uppaluri	08/11/2008
**Signature of Reporting Person	Date

4400 BISCAYNE BOULEVARD, SUITE 1180

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 by Mr. Uppaluri's spouse. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest (1) 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
- 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 (2) 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 purposes.

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.