FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
stimated average burden					
ours per response	9 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)															
Name and Address of Reporting Person * Logal Adam				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				
OPKO HEALTH, INC., 4400 BISCAYNE BOULEVARD, SUITE 1180				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2008								X Officer (give title below) Officer (specify below) Exec.Dir .of Fin., CAO,Treas.					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)					
MIAMI, FL 33137												_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)			T	able I - N	Non	-Deri	vative S	Securities	s Acqui	ired, Dispose	d of, or Ben	eficially Ov	vned	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) Owned Follo				Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							Code	•	v	Amoun	(A) or (D)	Price			or Indirect (I) (Instr. 4)		(Instr. 4)
Common	Stock		09/03/2008				М			16,600	A	\$ 0.56	16,600			D	
Common	Stock		09/03/2008				S			11,600	D	\$ 2.02	5,000			D	
Common	Stock		09/03/2008				S		:	5,000	D	\$ 1.93	0			D	
Common			09/04/2008				M		•	6,058		0.56	6,058			D	
Common	Stock		09/04/2008				S			5,000	D		1,058			D	
Common	Stock		09/04/2008				S			1,058	D	\$ 2.05	0			D	
Reminder:	Report on a	separate line for each	ch class of securitie	Derivativ	e Sec	curiti	es Acqui	F of	Persontai contai form c	ns who ned in lisplay	this for s a curr , or Bend	m are ently v	he collection not require valid OMB o	d to respo	nd unless		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	onversion of Execution Date, if Transaction of Code Code Instructive (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Securities Acquired)		Date Exercisable and 7. / An piration Date An onth/Day/Year) Un Sec			7. Title Amou Under Securi	nt of lying	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Securit Direct or India	tive Owners (Instr. 4) (D) rect					
				Code	V	(A)	(D)	Dat Exe		Exp le Date	iration	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 0.56	09/03/2008		М			16,600		<u>(1)</u>	03/1	15/2017	Comi		\$ 0	372,607	7 D	

<u>(1)</u>

03/15/2017

6,058

Common

Stock

6,058

\$ 0

366,549

D

Reporting Owners

\$ 0.56

09/04/2008

Stock Option

Buy)

(Right to

Donardo - Orman Nama / Addusa	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Logal Adam OPKO HEALTH, INC. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137			Exec.Dir .of Fin., CAO,Treas.				

M

Signatures

/s/	09/05/2008
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).
- (1) Of the original grant of 389,207 shares granted on March 15, 2007, 8,109 shares are exercisable monthly until fully vested on March 15, 2011.

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

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.