Instruction 1(b).

### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

### 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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person – Goldschmidt Pascal J  (Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BOULEVARD, SUITE 1180		2. Issuer Name <b>and</b> Ticker or Trading Symbol Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director 10% Owner							
		AXDIE	3. Date of Earliest Transaction (Month/Day/Year) 06/10/2009												
(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  Form filed by More than One Reporting Person						
MIAMI, I											Form filed by	More than One	Reporting Person		
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ed				
1.Title of S (Instr. 3)	ecurity			2A. Deen Execution any (Month/I	n Date	, if Co (In		(A) (In	Securities Acqu ) or Disposed of (astr. 3, 4 and 5)	of (D) Ow Tra			ed (	Ownership Form:	Beneficial Ownership
									ed in this for splays a curre					ne	
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Security	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	, calls, 5. tition of D (I) So A (A) (I) (I	warra Numb	nts, o per (c) l vve (c) d d of	containe form dis ired, Dispos options, con	splays a curre sed of, or Bene evertible secur reisable and Date	ently vali	d OMB cowned	8. Price of		f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	(Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	, calls, 5. tition of D (I) So A (A) (I) (I	warra Numb f erivative ecuritie cquirec A) or risposec D) nstr. 3,	nts, o oer (control of the latest of the lat	contained form distred, Disposed poptions, con 6. Date Exert Expiration I	splays a curre sed of, or Bene evertible secur- roisable and Date y/Year)	eficially Orities) 7. Title ar Amount of Underlyin Securities	d OMB cowned	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirects)	of Indire Benefici Ownersh (Instr. 4)

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

# **Signatures**

/s/ Adam Logal, Attorney-in-Fact	06/11/2009
**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) This option fully vests on June 10, 2010.

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.