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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response..

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 * PAGANELLI JOHN A			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					
1250 PIT 200 - SU	TSFORD-	VICTOR ROAD	****** ** ** * * * * * * * * * * * * *	3. Date of 06/10/20		Transac	tion (Month	'Day/Year)			re title below)		(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 Form filed by More than One Reporting Person				
PITTSFC (Cit	ORD, NY 1	(State)	(Zip)											
	•	(33)	2. Transaction	2A. Deen						•	Securities E	eficially Own		Nature
1.Title of Security (Instr. 3)			Date (Month/Day/Year)	Execution any	n Date, i	f Code (Instr	(4	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		ned Follov insaction(s)	ving Report	red O	wnership of orm: Be	Indirect eneficial
				(Month/I	Day/Year	Co	de V A	(A) or	(In:	o (Direct (D) Ownership or Indirect (Instr. 4) I) Instr. 4)		
Reminder:	report on a						Person	s who resno	nd to the	collection	n of inforn	nation		
Reminder:	report on a						contair form d	splays a cur	rm are no rently vali eficially O	t required id OMB c	d to respo	nd unless the		74 (9-02)
	•	3. Transaction	(calls, w	arrants	contain form d uired, Dispo , options, co	ned in this fo splays a cur osed of, or Ben nvertible secu	rm are no rently vali eficially O rities)	t required id OMB co wned	d to respo ontrol nur	nd unless the	e	, ,
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Notion of Der Sec (A) Dis (D)	Number rivative urities quired or posed or str. 3, 4,	contain form di uired, Dispo , options, co 6. Date Ex Expiration (Month/Di	ned in this fo splays a cur osed of, or Ben nvertible secu ercisable and Date	rm are no rently val	t required id OMB commed and of ang s	d to respo ontrol nur 8. Price of	nd unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion of Der Sec Acc (A) Dis (D) (Ins and	Number rivative urities quired or posed or str. 3, 4,	contain form d uired, Dispe, options, co 6. Date Ex Expiration (Month/Di	ned in this fo splays a cur osed of, or Ben nvertible secu ercisable and Date ny/Year)	rm are no rently vali eficially O rities) 7. Title at Amount o Underlyit Securities	t required id OMB commed and of ang s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

P (0 N /41)	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	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.