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				

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

, ,				— ·					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
E, SUITE 1D	3. Date of Earliest Transaction (Month/Day/Year) 10/28/2009						ow)		pelow)				
	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								
(Zip)	Та	ble I - N	on-Dei	ivative S	ecurities .	Acqui	ired, Disp	osed of, or	Beneficially	Owned			
2. Transaction Date (Month/Day/Year)	any	f Code (Instr.		(A) or I (D)	Disposed o	of			Following	6. 7. Nature Ownership Form: Beneficial Direct (D) or Indirect (I) (Instr. 4)			
		Cod	e V	Amoun	(A) or (D)	Price							
10/28/2009		P		800			253,800			D			
10/28/2009		P		1,100	IA I	\$ 2.06	254,900			D			
10/28/2009		P		3,100	I A		258,000			D			
ine for each class of seco	urities beneficially	owned d	irectly	or									
			con	tained i	n this fo	rm ar	e not req	uired to re	espond un	less	EC 1474 (9- 02)		
								l					
itle of 2. 3. Transaction Date Security Onversion or Exercise (Month/Day/Year) Price of Derivative Security One ivative Security 3. Transaction Date Execution Date, if Transaction of Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Number Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		ber 6. I and ive (Mes ed ed	and Expiration Date (Month/Day/Year) Sec (In 4)			Title and mount of nderlying scurities nstr. 3 and 8. Price of Derivative Security (Instr. 5)		Derivative Securities Beneficiall Owned Following Reported	Owners Form of Derivati Security Direct (or Indirent)	ative Ownersh ity: (Instr. 4) t (D) lirect			
				te	Expiration	_	Amount or e Number						
	(Middle) E, SUITE 1D (Zip) 2. Transaction Date (Month/Day/Year) 10/28/2009 10/28/2009 10/28/2009 ine for each class of sectors	Opko Health, I (Middle) E, SUITE 1D (Zip) 2. Transaction Date (Month/Day/Year) 10/28/2009 10/28/2009 10/28/2009 10/28/2009 10/28/2009 Table II - Derivative Securities denericially Table II - Derivative Securities denericially action Day/Year) 3. Date of Earlies 10/28/2009 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 10/28/2009 Table II - Derivative Securities denericially Table II - Derivative Securities denericially	Opko Health, Inc. [OPE	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (N 10/28/2009 4. If Amendment, Date Original 1 (Zip) Table I - Non-Detern (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Execution Date, if any (Month/Day/Year) 10/28/2009 P 10/28/2009 P 10/28/2009 P 10/28/2009 P 10/28/2009 P ine for each class of securities beneficially owned directly Table II - Derivative Securities Acquired, Execution Date, if any (Month/Day/Year) action 3A. Deemed Execution Date, if any (Month/Day/Year) action 3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8)	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day 10/28/2009 4. If Amendment, Date Original Filed(Mont 10/28/2009) 4. If Amendment, Date Original Filed(Mont 10/28/2009) 2. Transaction Date (Execution Date, if (Month/Day/Year)) 10/28/2009 10/28/2009 P	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2009 4. If Amendment, Date Original Filed(Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 8) 2. Transaction Date (Instr. 8) 2. Transaction (A) or Disposed (Instr. 8) Code (Instr. 8) Code (Instr. 8) (A) or (D) (A) or (D) A 10/28/2009 P 1,100 A 10/28/2009 P 3,100 A Interpretative Securities Acquired, Disposed of, or Ben (e.g., puts, calls, warrants, options, convertible secunation (A) or Disposed of (D) (Instr. 8) Table II - Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, securities (Month/Day/Year) (Month/Day/Year)	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 8) 3. Transaction (A) or Disposed of (Instr. 8) 2. Transaction Date (Instr. 8) 2. Transaction (Instr. 8) 3. Transaction (Instr. 8) 4. Securities Acquired (Instr. 8) 2. Transaction (Instr. 8) 2. Transaction (Instr. 8) 3. Transaction (Instr. 8) 4. Securities Acquired (Instr. 8) 3. Transaction (Instr. 8) 4. Securities Acquired (Instr. 8) 3. Transaction (Instr. 8) 4. Securities Acquired (Instr. 8) 5. Number (Instr. 8) 6. Date Exercisable (Instr. 8) 8. Transaction (Instr. 8) 9. Transaction (Instr. 8) 1. Transaction (Instr. 8) 2. Transaction (Instr. 8) 2. Transaction (Instr. 8) 2. Transaction (Instr. 8) 3. Transaction (Instr. 8) 4. Securities Acquired (Instr. 8) 5. Number (Instr. 8) 6. Date Exercisable (Instr. 8) 8. T	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 2. Transaction Date Execution Date, if (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Securities Acquired (A) or Disposed of (Instr. 8) (Month/Day/Year) 10/28/2009 P	Opko Health, Inc. [OPK] (Chi (Middle) E, SUITE 1D 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2009 4. If Amendment, Date Original Filed(Month/Day/Year) (Zip) Table 1 - Non-Derivative Securities Acquired, Disposed of, or 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 10/28/2009 P 10/28/2009 P	Opko Health, Inc. [OPK] Check all appli Ch	Opko Health, Inc. [OPK] Opko Health, Inc. [OPK] Check all applicable Check all appli		

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BARON ROBERT A						
2401 INGLESIDE AVENUE, SUITE 1D	X					
CINCINNATI, OH 45206						

Signatures

/s/ Adam Logal	10/29/2009
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).

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.