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	s)													
1. Name and Address of Reporting Person * BARON ROBERT A				2. 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					
(Last) (First) (Middle) 2401 INGLESIDE AVENUE, SUITE 1D			3. Date of Earliest Transaction (Month/Day/Year) 07/13/2007							r (give title belo	ow)	Other (specify	below)		
(Street) CINCINNATI, OH 45206			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, Dis					ired, Disp	osed of, or l	Beneficially	Owned			
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Transaction Execution Date, if Code		ction 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of	1			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Co	de	V A	mount	(A) or (D)	Price				(I) (Instr. 4)	
Common	Stock		07/13/2007		P		50	0,000		\$ 1.8	s 188,000			D	
				erivative Securit		th uired	ontain he forr l, Dispo	ned in m disp osed of	this for plays a o	m ar curre eficia	e not required to the second s	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
	T			g., puts, calls, wa						— <u> </u>		1	1		
Derivative Conversion Da		(Month/Day/Year) any		4. Transaction Code (Instr. 8)	n of		r 6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	Title and ount of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Ownershiv: (Instr. 4) ect	
				Code V	(A) (Date Exercis		Expiratior Date	Title	Amount or e Number of Shares				

Reporting Owners

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

Signatures

/s/ Robert A. Baron	07/16/2007
**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.