

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Frost Gamma Investment Trust			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) <div> <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner </div> <div> <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) </div>		
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD, 15TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 07/12/2007					
(Street) MIAMI, FL 33137			4. If Amendment, Date Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	07/12/2007		P		2,500	A	\$ 3.69	36,521,423	D	
Common Stock	07/12/2007		P		25,700	A	\$ 3.7	36,547,123	D	
Common Stock	07/13/2007		P		4,034,460	A	\$ 1.8	40,581,583	D	
Common Stock	07/13/2007		P		300	A	\$ 3.81	40,581,883	D	
Common Stock	07/13/2007		P		4,300	A	\$ 3.87	40,586,183	D	
Common Stock	07/13/2007		P		3,000	A	\$ 3.88	40,589,183	D	
Common Stock								15,490,546	I	See Footnote (1)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Frost Gamma Investment Trust 4400 BISCAYNE BOULEVARD, 15TH FLOOR MIAMI, FL 33137		X		

## Signatures

/s/ Frost Gamma Investments Trust		07/16/2007
<small>**Signature of Reporting Person</small>		<small>Date</small>

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).

These securities are owned directly by The Frost Group, LLC, Frost Gamma Investments Trust is a principal member of The Frost Group. The reporting person disclaims (1) beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.