FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	e 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

1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL			Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] Date of Earliest Transaction (Month/Day/Year) 04/14/2010				x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
OPKO HEALTH, INC., 4400 BISCAYNE BLVD. (Street) MIAMI, FL 33137							X							
				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_)	
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	aired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution any	Deemed 3. Co cution Date, if Co (In onth/Day/Year)		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				d	Ownership of Born: Born: Oirect (D) O	7. Nature of Indirect Beneficial Ownership	
						Cod	e V A	mount (A) or (D)	Price	,			or Indirect (Instr. 4) (I) (Instr. 4)	
Reminder:							contain	s who respor ed in this for	m are not	required	to respon	d unless th		74 (9-02)
				e.g., puts	s, calls, wa	rrants,	contain form di nired, Dispo options, co	ed in this for splays a curr sed of, or Bend evertible secur	m are not ently valid eficially Overities)	required d OMB co vned	to respon ntrol num	d unless th ber.	e	. ,
1. Title of Derivative	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	5. Nur Joeriva Securi Acquir or Dis of (D) (Instr.	nber of tive ties red (A) posed	contain form di nired, Dispo options, co	ed in this for splays a curr sed of, or Bend avertible secur ercisable and Date	m are not ently valid eficially Ov	required d OMB co vned d Amount ving	to respondentrol numbers 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficity Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact Code	5. Nur Deriva Securi Acqui or Dis of (D)	rrants, nber of tive ties red (A) posed 3, 4,	contain form distired, Dispo options, con 6. Date Expiration (Month/Da	ed in this for splays a curr sed of, or Bend exertible securer cisable and Date y/Year)	m are not rently valid eficially Overities) 7. Title an of Underly Securities	required d OMB co vned d Amount ving	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

D	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X	X	CEO & Chairman		

Signatures

Phillip Frost, M.D.	04/15/2010
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 will vest in four equal annual installments beginning April 14, 2011.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see}\ Instruction\ 6 for procedure.$

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.