FORM	4

(Drint or Type Peer

-
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 hours per response... 0.5

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

(Time of Type Respons	•••)											
1. Name and Address of PAGANELLI JOH	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) 1250 PITTSFORD- 200 - SUITE 280	(First) VICTOR ROAI	DITT DDIG	3. Date of Earliest Transaction (Month/Day/Year) 06/09/2011						Officer (give title below) O	ther (specify belo	ow)	
PITTSFORD, NY 1		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				
1111510102,111	1-55-											
(City)	(State)	(Zip)	Т	able I - No	n-Der	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	vned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date				of (D)	Owned Following Reported	Ownership	of Indirect			
		(Month/Day/Year)) any					Transaction(s)	Form:	Beneficial		
			(Month/Day/Year)				-		(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)	Ì Í	
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 Persons who respond to the collection of information
 SEC 1474 (9-02)

 contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	ber	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	ı of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivati	ve	(Month/Day/	Year)	Underlying		Security			Beneficial
· /	Price of		(Month/Day/Year)	(Instr. 8))	Securities						· /	-	Derivative	1
	Derivative						Acquired			(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or	1 0						0	Direct (D)	
						Dispose	1 01						Reported Transaction(s)	or Indirect	
						(D) (Instr. 3,	4						()	(1) (Instr. 4)	
						(1134.5) and 5)	.,						(msu. i)	(Instr. 1)	
					1	,					Amount	•			
											or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	* • • • •	0.000.0011						0.000	0.000	Common Stock	• • • • •	\$ 0	•••••		
(Right to	\$ 3.43	06/09/2011		Α		20,000		06/09/2012	06/08/2018	Stock	20,000	\$ 0	20,000	D	
Buy)										Stock					
2															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	х						

Signatures

Adam Logal, Attorney-in-Fact	06/13/2011	
**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.