FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden nours per response 0.5					
ours per response					

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					
2401 ING		(First) AVENUE, S	(Middle) UITE 1D	3. Date of Earliest Transaction (Month/Day/Year) 08/26/2011				Office	er (give title belo	ow)	Other (specify b	elow)		
(Street)			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						
CINCINNATI, OH 45206 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)		tion 4. Sec (A) o (D)	4. Securities Acquired (A) or Disposed of		d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	Beneficial Ownership	
					Co	ode	V Amo	(A) or	r Price	:			(I) (Instr. 4)	(111511.4)
Common	Stock		08/26/2011]	P	3,00) A	\$ 3.94	4 261,000			D	
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	rities beneficially	owned	F	Persons v	in this f	orm a	re not req	uired to re	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
				Perivative Securit e.g., puts, calls, wa							ì			
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da any	4. te, if Transaction Code Year) (Instr. 8)	5. Nu	mber ative ities ired r osed)	nber 6. Date Exercisable and Expiration Date (Month/Day/Year) tites red sed 3,		7. An Un Sec	Title and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficial Ownershi : (Instr. 4)
				Code V	(A)	(D)	Date Exercisabl	Expirat Date	ion Tit	or Number of Shares				

Reporting Owners

Describer Occurs 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

Adam Logal, Attorney-in-Fact	08/29/2011
**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.