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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respons	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

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person *- LERNER RICHARD A					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) X Director 10% Owner					
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2012							r (give title belo	ow)	Other (specify l	pelow)	
(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					
MIAMI,	FL 33137	(State)	(Zip)													
		(State)												Beneficially	Owned	
1.Title of S (Instr. 3)	Security	Da	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any		f Code (Instr. 8)		(A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		Ownership	Beneficial	
				(Mont	Month/Day/Year)		ode	V	Amount	(A) or	Price	(Instr. 3 and 4)		0	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/17/2012				P		100	A	\$ 4.495	80,100			D	
Common	Stock		05/17/2012				P		4,300	A	\$ 4.5	84,400			D	
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities l	beneficially	owne		Pers	ons wh					nformation		EC 1474 (9- 02)
			Table II - I		tive Securit		quire	the f	form dis	splays of, or Bo	a curre	ently valid	d OMB cor	ntrol numb		
Security	Conversion	rivative	Year) Execution Dany	tte, if Transaction Code Year) (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Uno Sec	Citle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivate Security Direct ( or Indire	Ownership (Instr. 4) D) ect	
					Code V	(A)	(D)	Date Exe	e rcisable	Expirati Date	ion Titl	Amount or Number of Shares				
Papar	ting ()	wnore			Code V	(A)	(D)					Shares				

## Reporting Owners

Daniel Communication (Additional	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LERNER RICHARD A OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	Х					

# **Signatures**

Adam Logal, Attorney-in-Fact	05/18/2012
**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 nu	mber.