FORM 4

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

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burden					
nours per response.	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 *- PFENNIGER RICHARD C JR				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				
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2012							_^	XDirector10% Owner Officer (give title below) Other (specify below)				
(Street) MIAMI, FL 33137				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Acquired	ired, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date r) any (Month/Day/Y		te, if Code (Instr.		(. 8)	A) or Di	ties Acquisposed of 4 and 5) (A) or (D)	of (D) Owned Follow		wing Reported s) 4)		Ownership of Born: Born: Direct (D)	. Nature f Indirect eneficial ownership (nstr. 4)		
								contai form o	ned in lisplays	this for s a curr , or Bene	m are no ently vali eficially O	t required d OMB c	n of inforn d to respo ontrol nur	nd unless t		174 (9-02)
Security	Conversion	. Transaction 3A. Deemed		4. Transaction Code ar) (Instr. 8)		5. Number of		s, options, convertible sect 6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code		(A)		Date Exercisable		ration	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 4.72							06/14/201	3 06/1	3/2019	Common			20,000	D	
				•					•			•			-	•

D # 0 N /AII	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PFENNIGER RICHARD C JR OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X						

Signatures

Adam Logal, Attorney-in-Fact	06/15/2012
**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 number.