

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			Person(s) to I (Check	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)	
			X_ Officer (gi	ve Other (sp	6. Indiv Filing(C _X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person	
p)	Tal	ble I	- Non-Derivati	ve Securities	Beneficiall	y Owned	
	Ben	eficia		Ownership (	Ownership	direct Beneficial	
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		Secur Deriv	rities Underlying vative Security	Conversion or Exercise Price of	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exercisable	Expiration Date	Title	Amount or Numb	Security	Security: Direct (D) or Indirect (I)		
i (	ip)  Staten (Mont 07/16)  ip)  ne for each class or respond to the securities Berein (Month/Day/Yellow)  Z. Date Exe and Expirat (Month/Day/Yellow)  Date	Statement (Month/Day/Year 07/16/2012  ip)  Tal  2. A Ber (Ins  de to respond to the colled to respond unless the college and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) 07/16/2012  ip)  Table I  2. Amour Beneficia (Instr. 4)  ne for each class of securities been respond to the collection d to respond unless the for  Securities Beneficially Owned  2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Exercisable Date  Expiration Date Exercisable Date	Statement (Month/Day/Year) 07/16/2012  4. Relationshiperson(s) to I (Check Director X Officer (gititle below) Sr. Vice  2. Amount of Securities Beneficially Owned (Instr. 4)  2. Amount of Information of the collection of information of the respond unless the form displays a customer of the collection of information of the collec	Statement (Month/Day/Year)  Opko Health, Inc. [OPK]  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) — Director — Other (sp title below) — Sr. Vice President, CFO  Table I - Non-Derivative Securities  Beneficially Owned (Instr. 4)  Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  The for each class of securities beneficially owned directly or indired to respond to the collection of information contained in door respond unless the form displays a currently valid  Securities Beneficially Owned (e.g., puts, calls, warrants, option of Expiration Date (Month/Day/Year)  Securities Underlying Derivative Security (Instr. 4)  Date Expiration Exercisable Date	Statement (Month/Day/Year) 07/16/2012  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give below) Sr. Vice President, CFO  2. Amount of Securities Beneficially Owned (Instr. 4)  2. Amount of Securities Beneficially Owned directly or indirectly. To respond to the collection of information contained in this form a d to respond unless the form displays a currently valid OMB control  2. Date Exercisable and Expiration Date (Month/Day/Year)  2. Date Expiration Date (Instr. 4)  3. Title and Amount of Securities Beneficially Ownership (Instr. 4)  4. Relationship of Reporting Filed(Month/Day/Year)  5. If Arr Filed(Month/Day/Year)  4. Nature of In Ownership (Instr. 5)  4. Nature of In Ownership (Instr. 5)  6. Indiv. X. Form. Form. Person  7. Ownership (Instr. 5)  8. Ownership (Instr. 5)  9. Ownership (Instr. 5)  9. Ownership (Instr. 5)  1. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  1. Ownership (Instr. 5)  1. Title and Amount of Securities Underlying Derivative Security Security Security Direct (D)  1. Ownership (Instr. 5)  1. Title and Amount of Securities Underlying Derivative Security Security Security Security Direct (D)	

### Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner Officer		Other	
RODRIGUEZ JUAN F OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137			Sr. Vice President, CFO		

# **Signatures**

Juan F. Rodriguez	07/17/2012
**Signature of Reporting Person	Date

## **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.