## FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	e 0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

#### 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

Name and Address of Reporting Person * Rubin Steven D			2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner						
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 03/18/2013				X	X Officer (give title below) Other (specify below)  Executive VP-Administration							
(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					
(Cit	ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed				of, or Bene	ficially Own	ed					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Da	ate, if Co (In		(A) (Ir	Securities Acq a) or Disposed on str. 3, 4 and 5)	of (D) Ow Trai		ecurities Being Reported	d (	Ownership of orm:	eneficial wnership
								contain form dis	s who respored in this for splays a curred of, or Benevertible secure	m are not ently valid eficially Ov	required d OMB co	to respon	d unless the		74 (9-02)
1. Title of	2.	version Date xercise (Month/Day/Year) e of vative	3A. Deemed Execution Date, if	4. Transaction Code		5. Number	r of	1	ercisable and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)		
Derivative Security		Date	any	Code	)	Securities Acquired or Dispose of (D) (Instr. 3, 4 and 5)	(A) ed	Expiration (Month/Da		of Underly Securities	ying	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(	Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	Beneficia
Derivative Security	or Exercise Price of Derivative	Date	any	Code	)	Securities Acquired or Dispose of (D) (Instr. 3, 4 and 5)	(A) ed		y/Year)  Expiration	of Underly Securities	ying	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownershi

### **Reporting Owners**

Daniel Community (Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Rubin Steven D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Executive VP-Administration				

#### **Signatures**

Steven D. Rubin	03/20/2013
**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).
- (1) This option will vest in four equal annual installments beginning March 18, 2014.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see}\ Instruction\ 6 for procedure.$ 

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.