FORM 4

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

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
nours 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

Fillit of Ty	pe Response	78)															
Name and Address of Reporting Person * Rubin Steven D				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]							mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2013								X Director 10% Owner X Officer (give title below) Other (specify below) Executive VP-Administration					
(Street) MIAMI, FL 33137				4. If Amendment, Date Original Filed(Month/Day/Year)							h/Day/Yea	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 Acquired, Disposed of, or Beneficially Owned													
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		tion	4. Securities Acc (A) or Disposed (D) (Instr. 3, 4 and 5		of	Beneficial Reported	Amount of Securities deficially Owned Following ported Transaction(s) str. 3 and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					Cod	le	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	ommon Stock 05/01/2013		05/01/2013			Р				2,500	A	\$ 6.45	4,193,668			D	
Common	Stock		05/01/2013				P			1,800	A	\$ 6.47	4,195,46	58		D	
Common	Stock												15,490,5	46		I	See Footnote (1)
Reminder: I	Report on a	separate line f	or each class of secu	rities b	eneficial	ly o	wned d	lirect	tly oı	r							
								c	ont	ained i	n this f	orm ar	e not req	ction of in uired to re I OMB cor	spond un	less	EC 1474 (9- 02)
			Table II - D						,		of, or Be						
1. Title of		3. Transaction	n 3A. Deemed	4			5. Num	iber	6. Da	ate Exer	cisable	7. T	itle and		9. Number		11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Year) Execution Da any (Month/Day/	Ć	Transacti Code Instr. 8)		of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3	tive ies ed ed		Expirati nth/Day	on Date /Year)	Uno Sec	ount of derlying urities str. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Form o Derivat Securit Direct (or Indi	Ownership (Instr. 4) ect
					Code	V	(A) (Date Exer	cisable	Expirati Date	on Titl	Amount or e Number of Shares				

Reporting Owners

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

Signatures

Steven D. Rubin	05/02/2013
**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).
- These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any (1) pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.