FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours 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

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person *- Yu Alice Lin-Tsing				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) 08/28/2013								e title below)		er (specify belo	w)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	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 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						Acquired,					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if Code any (Month/Day/Year)		8) (A	(A) or Disposed (Instr. 3, 4 and 5)				ed	Ownership Form:	Beneficial Ownership					
		separate line for eac	Table II - l	Derivativ	ve Se	ecurities	Acq	Person: contain form di	s who ed in t splays	this forr a curre or Benef	ently valid ficially Owi	equired OMB co	to respon	d unless tl		1474 (9-02)
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	tion	5. Numb	ve es d	Expiration Date (Month/Day/Year) s l of		7. Title and Amount of		8. Price of Derivative Derivative Security (Instr. 5) Benefici Owned Followir Reported Transact (Instr. 4)		Ownership Form of Derivative Security: Direct (D) or Indirect	Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expi Date	ration	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 8.58	08/28/2013		A		20,000		08/28/201	4 08/2	27/2020	Common Stock	20,000	\$ 0	20,000	D	

Reporting Owners

D	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Yu Alice Lin-Tsing OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X						

Signatures

Adam Logal, Attorney-in-Fact	08/29/2013
**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).

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

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.