# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average I	burden				
nours per response.	0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

	ontinue. See ction 1(b).	•		Invest	ment Comp	any Act	of 1940	0		ì				
(Print or Ty	pe Response	es)												
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							
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 08/28/2013					Officer (give	title below)		(specify below)			
(Street) MIAMI, FL 33137			4	4. If Amendment, Date Original Filed(Month/Day/Year)				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	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)		ate, if Code (Instr.		(A) or l	(A) or	of (D)	5. Amount of S Owned Follow Transaction(s) (Instr. 3 and 4)		d OFO	wnership orm: Be irect (D) O' Indirect (In	eneficial wnership
Reminder:	Report on a	separate line for eac	Table II - I	Derivative Se	owned directl	Pers conta form	ons whe	this for s a curr f, or Bene	m are ently eficiall	he collection not required valid OMB co y Owned	to respon	d unless the		74 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number	6. Date I				tle and	8 Price of	9. Number of	10	11. Natur
Derivative Security	Conversion		Execution Date, if	Transaction Code		Expiration (Month/I	n Date		Amo Unde Secu	unt of erlying	Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownershi (Instr. 4)
										Amount				

Date

Exercisable

Expiration

Date

08/28/2014 08/27/2020

Title

Common

Stock

Number

Shares

20,000

\$ 0

20,000

D

### **Reporting Owners**

\$ 8.58

B 41 0 Y (41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PFENNIGER RICHARD C JR OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

08/28/2013

### **Signatures**

Stock Option

Buy)

(Right to

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).

Code

Α

(A) (D)

20,000

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.