FORM 4

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

OMB APPRO	VAL
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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

1. Name an															
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					
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2013							Officer (give	e title below)		ner (specify below	v)	
(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				
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acquired	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	nstr. 3) Date		2. Transaction Date (Month/Day/Year)	any	ned n Date, if Day/Year)	Code (Instr.	(4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		ed	Ownership of Form:	7. Nature of Indirect Beneficial Ownership
				(Month/)	Jay/ I cai)	Coc	le V	Amount	(A) or (D)	Price			Direct (D) or Indirect (I) (Instr. 4)		
Common	Stock		10/01/2013			M	1 2	20,000	A	\$ 1.23 20,	0,000			D	
							contai	ned in	this for	m are not	collection t required	to respon	d unless t		474 (9-02)
							contai	ned in	this for	m are not	t required	to respon	d unless t		474 (9-02)
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	5. Nu of Deriv Secur Acqu (A) o	mber vative rities ired r	contai form d	ned in isplays osed of, onvertibercisabl Date	this forms a current, or Beneble securing and	m are not ently valid eficially Ov	ot required id OMB co owned	to respondentrol num	9. Number Derivative Securities Beneficially Owned Following	of 10. Ownersh Form of Derivativ Security: Direct (E	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact Code	5. Nu of Deriv Secur Acqu (A) or Dispo	imber vative rities ired rosed of	contai form d uired, Disp options, co 6. Date Ex Expiration	ned in isplays osed of, onvertibercisabl Date	this forms a current, or Beneble securing and	eficially Ovities) 7. Title and Amount of Underlying Securities	ot required id OMB co owned	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned	of 10. Ownersh Form of Derivativ Security: Direct (C or Indire	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact Code	5. Nu of Deriv Secur Acqu (A) o Dispo (D) (Instr	imber vative rities ired rosed of	contai form d uired, Disp options, co 6. Date Ex Expiration	ned in isplays osed of, onvertil ercisabl Date hy/Year)	this forms a current of the security of the se	eficially Ovities) 7. Title and Amount of Underlying Securities	ot required id OMB co owned	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security: Direct (E or Indirect (s) (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

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

Signatures

Adam Logal, Attorney-in-Fact	10/03/2013
**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, 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.