# FORM 4

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

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

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

(Print or Ty	pe Response	es)																	
1. Name and Address of Reporting Person * BEIER THOMAS E				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 H		NC., 4400 BISCA	(Middle) AYNE BLVD.	3. Date of 12/30/2		rliest	Transac	tion (M	onth/D	Day/Y	ear)		Officer (give title below) Other (specify be				ow)		
				4. If Amo	I. 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							
MIAMI,	FL 33137	(State)	(Zip)				Table I	- Non-l	Deriva	tive S	ecuritie	s Acqui				eficially Own			
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if		3. Tra Code (Instr.	(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		quired of (D)	uired 5. Amount of (D) Owned Follo		of Securities Beneficially owing Reported (s)		6. Ownership Form: Direct (D)	7. Nature of Indirec Beneficial Ownershi (Instr. 4)	lirect ficial ership		
							Co	de	V An	nount	(A) or (D)	Price	(I)			(Inou.	.,		
Common	Stock		12/30/2013				N	1	29	,773	A	\$ 2.78	29,773				D		
Common	Stock		12/30/2013				F	,	9,7 (1)		D	\$ 8.47 (2)	20,000				D		
Common	Stock												100,	000			ĺ	See Footr (3)	note
			Table II -	Derivativ				co for uired,	ntaine m dis Dispos	ed in splays sed of,	this for s a curr or Ben	rm are rently v eficially	not r	equired OMB co	of inform to respon entrol num	d unless th		1474 (	9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5.1 Transaction of Code De Ac (A) Dis (D)			ivative urities uired or posed of tr. 3, 4,	6. Dat Expira	e Exerc ation D	exercisable and on Date Day/Year)		7. Titl Amou Under Secur	ttle and ount of erlying rities r. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Owne (Instr.	Indire enefici wnersl
				Code	V	(A)	(D)	Date Exerci	isable	Exp	iration	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 2.78	12/30/2013		M				01/24	1/2009	01/2	23/201:	5 Com Sto	mon	29,773	\$ 0	10,227	D		
Repor	rting O	wners																	
			Relationshi	ps															

Daniel Communication (Additional	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BEIER THOMAS E							
OPKO HEALTH, INC.	x						
4400 BISCAYNE BLVD.	Λ						
MIAMI, FL 33137							

## **Signatures**

Adam Logal, Attorney-in-Fact	01/02/2013
**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).

- (1) Represents number of shares withheld by the Company at the direction of the reporting person for the payment of exercise price. No shares of Common Stock were sold by the reporting person in connection with this transaction. The reporting person has retained the net number of shares issued upon the exercise of the option (20,000 shares).
- (2) Closing market price of the Company's common stock on the transaction date.
- (3) Securites held by the Thomas E. Beier and Evelyn M. Beier Trust FBO Thomas E. Beier Trust.

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.