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

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 Type Responses)

| 1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL | | | .] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------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| (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD. | | | on (M | Ionth/Da | y/Year) | X Officer (give title below) Other (specify below) CEO & Chairman | | | | | | |
| (Street) | | | | Filed(Mont | h/Day/Ye | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person | | | | | | |
| (7in) | | | | | | | | | | | | |
| | | | | | | | red, Disposed of, or Beneficially Owned | | | | | |
| Date | Execution Date, if any | Code (Instr. 8) | etion | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Ownership Form: Direct (D) or Indirect | Beneficial Ownership | | | |
| | | Code | V | Amount | | Price | | (I) (Instr. 4) | | | | |
| | | | | | | | 2,012,377 | D | | | | |
| 10/09/2014 | | P | | 100 | A | \$ 8.335 | 143,480,308 | I | See Footnote | | | |
| 10/09/2014 | | P | | 3,523 | A | \$ 8.34 | 143,483,831 | I | See Footnote | | | |
| 10/09/2014 | | P | | 77 | A | \$ 8.345 | 143,483,908 | I | See Footnote | | | |
| 10/09/2014 | | P | | 6,300 | A | \$ 8.35 | 143,490,208 | I | See Footnote | | | |
| 10/09/2014 | | P | | 100 | A | \$ 8.4075 | 143,490,308 | I | See Footnote | | | |
| 10/09/2014 | | P | | 2,396 | A | \$ 8.41 | 143,492,704 | I | See Footnote | | | |
| 10/09/2014 | | P | | 2,500 | A | \$ 8.42 | 143,495,204 | I | See Footnote | | | |
| 10/09/2014 | | P | | 4 | A | \$ 8.43 | 143,495,208 | | See Footnote | | | |
| 10/09/2014 | | P | | 100 | A | \$ 8.435 | 143,495,308 | I | See Footnote | | | |
| 10/09/2014 | | P | | 4,900 | A | \$ 8.44 | 143,500,208 | I | See Footnote | | | |
| 10/09/2014 | | P | | 100 | A | \$ 8.47 | 143,500,308 | I | See Footnote | | | |
| 10/09/2014 | | P | | 2,500 | A | \$ 8.49 | 143,502,808 | I | See Footnote | | | |
| 10/09/2014 | | P | | 2,400 | A | \$ 8.5 | 143,505,208 | I | See Footnote | | | |
| | | | | | | | 15,490,546 | I | See Footnote | | | |
| | (Middle) BISCAYNE (Zip) 2. Transaction Date (Month/Day/Year) 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 | Opko Health, In 10/09/2014 3. Date of Earlies 10/09/2014 4. If Amendment, (Zip) Tal 2. Transaction Date (Month/Day/Year) 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 10/09/2014 | Opko Health, Inc. [OPK | Opko Health, Inc. [OPK] | Opko Health, Inc. [OPK] | Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year 10/09/2014 4. If Amendment, Date Original Filed(Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 7 | Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2014 4. If Amendment, Date Original Filed(Month/Day/Year) 12. Transaction 2A. Deemed Execution Date, in any (Month/Day/Year) 12. Transaction (Month/Day/Year) 12. Transaction 2A. Deemed Execution Date, in any (Month/Day/Year) 12. Transaction (Month/Day/Year) 12. Transaction (Month/Day/Year) 12. Transaction (Month/Day/Year) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (Month/Day/Year) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (Month/Day/Year) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (Month/Day/Year) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3, 4 and 5) 12. Transaction (A) or Disposed of (D) (Instr. 3 | Opko Health, Inc. [OPK] Substitution Opko Health, Inc. [OPK] Opko Health, Inc | Opko Health, Inc. [OPK] Standard Stand | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

| Persons who respond to the collection of information | SEC 1474 (9- |
|-----------------------------------------------------------|--------------|
| contained in this form are not required to respond unless | 02) |
| the form displays a currently valid OMB control number. | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | Execution Date, if | Code | | of | | and Expiration Date (Month/Day/Year) | | Amount of Underlying | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------|------------|--------------------------------------------|--------------------|------|--|-----|--|-----------------------------------------|--------------------|-------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| | | | | Code | | (A) | | LACICISADIC | Expiration Date | Title | Amount or Number of Shares | | , , | ` , | |

Reporting Owners

| Danastina Orman Nama / Addussa | Relationships | | | | | | | | |
|---------------------------------------------------------------------------------------|---------------|-----------|----------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137 | X | X | CEO & Chairman | | | | | | |
| Frost Gamma Investments Trust 4400 BISCAYNE BLVD. MIAMI, FL 33137 | | X | | | | | | | |

Signatures

| Phillip Frost, M.D., Individually and as Trustee | 10/10/2014 |
|--------------------------------------------------|------------|
| **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).

The securities are held by Frost Gamma Investments Trust, of which Phillip Frost M.D., is the trustee. Frost Gamma L.P. is the sole and exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general partner of Frost Gamma L.P. is Frost Gamma, Inc., and the sole

- (1) shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. Dr. Frost is also the sole shareholder of Frost-Nevada Corporation. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- These securities are owned directly by The Frost Group, LLC. Frost Gamma Investments Trust is a principal member of The Frost Group, LLC. The reporting person (2) disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these 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.

JOINT FILER INFORMATION

Name: Frost Gamma Investments Trust

Address:

4400 Biscayne Blvd. Miami, FL 33137

Designated Filer: Phillip Frost, M.D.

Issuer Name and Ticker Symbol: OPKO Health, Inc. (OPK)

Date of Earliest Transaction: October 9, 2014

Relationship to Issuer: 10% Owner

FROST GAMMA INVESTMENTS TRUST

By: /s/ Phillip Frost, M.D., as Trustee Phillip Frost, M.D., Trustee