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

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

longer subject to Section 16. Form 4 or Form 5 obligations  $\ \, \text{may continue.} \, \textit{See}$ 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 *- BEIER THOMAS E			Opko Health, Inc. [OPK]  3. Date of Earliest Transaction (Month/Day/Year) 11/14/2014						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.								Officer (give title below) Other (specify below)  6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person								
(Street) MIAMI, FL 33137												ine)				
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ed							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Data any (Month/Day/Y		if Code (Instr.	3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		Owned Transac	Amount of Securities Beneficially vned Following Reported ansaction(s) str. 3 and 4)		ed	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownershi	
						Cod	ie V	Amount	unt (A) or (D)	Price				(I) (Instr. 4)	(msu: 1)	
Common	Stock		11/14/2014			М		10,227	A	\$ 2.78	30,227			)		
Common	Stock										100,00	00				See Footnote
teminder:	Report on a s	separate line for eac	h class of securities	benefici	ally owne	ed directly	Perso	ns who	this for	m are	not red	quired	of inform to respon	d unless th		1474 (9-02
Reminder:	Report on a s	separate line for eac	h class of securities  Table II - I				Perso conta form	ons who ined in display	this for	m are ently v	not red alid O	quired MB co	to respon	d unless th		1474 (9-02)
I. Title of	2. Conversion	3. Transaction	Table II - I ( 3A. Deemed Execution Date, if	Derivative.g., puts 4. Transac	ve Securis, s, calls, w 5. N tion of Der: Security Acq (A) Disp (D) (Ins	ties Acquarrants, umber ivative urities uired or posed of tr. 3, 4,	Perso conta form	ons who lined in display posed of convertil xercisable n Date	this for s a curr f, or Bendble secur	eficially eficially rities)  7. Titl Amou Under Secur	onot recovalid O  Owner  le and ant of rlying	quired MB co	to respon ntrol num	d unless th	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of India Benefic Owners (Instr. 4
. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - I ( 3A. Deemed Execution Date, if any	Derivative.g., puts 4. Transac	s, calls, w s, calls, w 5. N tion of Der: ) Secondary (A) Disp (D)	ties Acquarrants, umber ivative urities uired or posed of tr. 3, 4,	Perso conta form nired, Dis options, o 6. Date E Expiratio	ons who	this for s a curr s, or Bend ble secur le and	eficially eficially rities)  7. Titl Amou Under Secur	of Owned le and ant of rlying ities and	quired MB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Na of Indi Benefi Owner : (Instr.

D # 0 N /411	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	11/17/2014
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).
- (1) 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.	