FORM 4	
Check this box if no	

(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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

### 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 and Address o FROST PHILLIP M	2. Issuer Name <b>and</b> Ticker or Trading Symbol Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
OPKO HEALTH, II	NC., 4400 BISC	A YO ID DI YD	3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015						X_Officer (give title below) Other (specify below) CEO & Chairman		
MIAMI, FL 33137		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)	(State)	(Zip)	Т	able I - No	n-De	rivative S	ired, Disposed of, or Beneficially Ow	ned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)       Execution Date, if any (Month/Day/Year)       Code (Instr. 8)       (A) or Disposed of (D) (Instr. 3, 4 and 5)					of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Reminder: Report on a	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.										
					Pers	ons who	respon	ia to t	he collection of information	SEC	1474 (9-02)

Persons who re	spond to the collection of information
contained in this	s form are not required to respond unless 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)															
1.	Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	r of	6. Date Exer	cisable and	7. Title and	l Amount	8. Price of	9. Number of	10.	11. Nature
D	erivative	Conversion	Date	Execution Date, if	Transact	tion	Derivative	e	Expiration I	Date	of Underlying		Derivative	Derivative	Ownership	of Indirect
Se	ecurity	or Exercise	(Month/Day/Year)	any	Code		Securities (Month/Day/Year) S		Securities Sec		Security	Securities	Form of	Beneficial		
(I	nstr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Acquired	1 ( )		(Instr. 3 and 4) (Instr. 5		(Instr. 5)	Beneficially	Derivative	Ownership	
		Derivative					or Dispose	ed					-	(Instr. 4)		
		Security					of (D)					0	Direct (D)			
							(Instr. 3, 4	ŀ,						· · · · · ·	or Indirect	
							and 5)							Transaction(s)	< / L	
												Amount		(Instr. 4)	(Instr. 4)	
										Expiration	Title	or				
					<b>C</b> 1	* 7			Exercisable	Date		Number				
_					Code	V	(A)	(D)				of Shares				
S	tock															
0	ption	\$ 14.42	03/18/2015				500.000		(1)	03/17/2025	Common Stock	500.000	\$ 0	500,000	D	
	Right to	\$ 14.42	03/18/2015		А		500,000			03/1//2025	Stock	500,000	\$0	500,000	D	
· ·	uy)															

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	х	х	CEO & Chairman				

### Signatures

Phillip Frost, M.D.	03/19/2015
***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) This option will vest in four equal annual installments beginning March 18, 2016.

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.