FORM 4

 $\ \, \text{may continue.} \, \textit{See}$

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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

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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

pe Response	es)													
Name and Address of Reporting Person * Kolosov Dmitry				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 06/18/2015							e title below)			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
FL 33137									FG	orm filed by	More than One	Reporting Person		
ty)	(State)	(Zip)			Tab	ole I	- Non-Derivat	ive Securities	Acquired,	Disposed	of, or Ben	eficially Owne	d	
Security		2. Transaction Date (Month/Day/Year)	Executi any	on E	Date, if	Code Instr.	8) (A) (Ins	or Disposed o str. 3, 4 and 5) (A) or	of (D) Own Trans (Instr	ed Follow saction(s)	ing Reporte	ed OF	wnership orm: irect (D) Indirect	eneficial wnership
Report on a	separate line for eac						Persons containe form disp	who respond d in this forn plays a curre	n are not i ently valid	required OMB co	to respon	d unless the		74 (9-02)
										ned				
	Date (Month/Day/Year)	Transaction 3A. Deemed Execution Date, if onth/Day/Year) any	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	3		Derivative Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
					. ,	,		06/17/2025	Common		\$ 0			
	rd Address of Dmitry st) CO HEALT FL 33137 ty) Security Report on a 2. Conversion or Exercise Price of Derivative	nd Address of Reporting Person Dmitry St) (First) KO HEALTH, INC., 4400 B (Street) FL 33137 ty) (State) Security Report on a separate line for each conversion Date of Exercise Price of Derivative	Address of Reporting Person Dmitry St) (First) (Middle) KO HEALTH, INC., 4400 BISCAYNE (Street) FL 33137 (State) (Zip) Security 2. Transaction Date (Month/Day/Year) Table II - 1 2. Conversion Date (Month/Day/Year) Price of Derivative 3. Transaction Bate (Month/Day/Year) 3. Transaction Bate (Month/Day/Year) (Month/Day/Year)	Address of Reporting Person 2. Issue Opko F. Sto HEALTH, INC., 4400 BISCAYNE 06/18/2 (Street) 4. If Am FL 33137 (Street) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Report on a separate line for each class of securities beneficion or Exercise (Month/Day/Year) (Month/Day/Year) 2. 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Table II - Derivative Securities Acquired, Dispose (e.g., puts, calls, warrants, options, containe form disposed of (D) (Instr. 3, 4, and 5) Date (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable	Dmitry 2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 5. Courity 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 8) (A) or Disposed of (Instr. 8) 2. Transaction Date (e.g., puts, calls, warrants, options, convertible security or indirectly. 2. Table II - Derivative Securities Acquired (A) or Disposed of (Instr. 8) 2. Transaction Date (Instr. 8) 2. Transaction Code (Instr. 8) 2. Transaction Date (Instr. 8) 2. 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Director (Officer (give title below) 1. Opko Health, Inc. [OPK] 7. Director (Officer (give title below) 1. Opko Health, Inc. [OPK] 7. Director (Officer (give title below) 1. Opko Health, Inc. [OPK] 7. Director (Officer (give title below) 1. Opko Health, Inc. [OPK] 7. Opko Health, Inc. [O	Address of Reporting Person Dmitry 2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual or Joint/Group Filingtchesk X, Form filed by More than One Reporting Person Officer (give title below) 7. Table 1 - Non-Derivative Securities Acquired, Organization (Instr. 3, 4, and 5) 8. A. Deemed Execution Date (G.g., puts, calls, warrants, options, convertible securities) 8. Price of Derivative Securities 9. Number of Vunderlying Securities 1. Amount of Vunderlying Securiti	And Address of Reporting Person and Address of Reporting Person and Price of Opko Health, Inc. [OPK] 2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 6/18/2015 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 Reported Fo

D # 0 N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kolosov Dmitry C/O OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

Signatures

Adam Logal, Attorney-In-Fact	06/19/2015
***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).

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.