FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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 * PAGANELLI JOHN A				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]							mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner						
(Last) (First) (Middle) 1250 PITTSFORD-VICTOR ROAD, BUILDING 200 - SUITE 280					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015							y/Year)		er (give title belo		Other (specify b	elow)	
PITTSFORD, NY 14534				4. If Amendment, Date Original Filed(Month/Day/Year)							th/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(State)		(Zip)			Tabl	e I -	Non-	Deriv	vative S	ecurities	Acqu	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 8)		ction	(A) or l (D)	4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficia	unt of Securities ially Owned Following d Transaction(s) and 4)		· /	7. Nature of Indirect Beneficial Ownership Instr. 4)		
								Co	ode	v	Amour	(A) or (D)	Price				(I) (Instr. 4)	, ,
Common	Stock		06/3	0/2015				(Ĵ	V	100	100 D S		299,725	199,725		D	
indirectly.				Table II - D	eriva	itive Secu	rities	s Acc	1	conta the fo	ained i	n this for splays a	m ar	e not req	uired to re d OMB cor	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
		ı		`	.g., p							tible secu			ı	T		
Security (Instr. 3)	Conversion		Date E Month/Day/Year) a	Execution Da	4. Transaction Code Year) (Instr. 8)		ion of I	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	Citle and count of derlying urities str. 3 and	(Instr. 5)		Ownersl Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4) O)	
						Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Titl	or e Number of Shares				

Reporting Owners

Barretta Orana Nama (Addana	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	Х						

Signatures

Adam Logal, Attorney-In-Fact	07/01/2015
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.