FORM 4

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

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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

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

Name and Address of Reporting Person – Yu Alice Lin-Tsing				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 08/18/2015									e title below)		her (specify belo	w)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
MIAMI, l												rorm nied by	wore than One	Reporting Perso	1	
(City	y)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security 2. Transaction Date (Month/Day/Year				ate, if			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) Ow Tra	Owned Following Reported Transaction(s)		ed	Ownership of Form:	Beneficial		
				(Month/	Day,	/Year)	Cod	le V	Amo	(A) or (D)	Price (In	(Instr. 3 and 4)				Ownership (Instr. 4)
Common	Stock		08/18/2015				М		20,0	00 A	\$ 2.05 60	,000			D	
			(6		, cal	ls, wa	rrants,	iired, Disp	osed onve	ays a curre of, or Bene rtible securi	ficially Ov	wned				
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion	5. Numof Deriv Secur Acqui (A) on Dispo (D) (Instr. and 5)	Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Sec (Ins.)		Amount of Underlying Securities			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	vee Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 2.05	08/18/2015		М		2	0,000	05/27/20)11 (05/26/2017	Commo	on 20,000	\$ 0	0	D	

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Yu Alice Lin-Tsing OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X						

Signatures

Adam Logal, Attorney-In-Fact	08/18/2015
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 \ for procedure.$

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.