# FORM 4

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

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

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 *- Yu Alice Lin-Tsing				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 10/08/2015								e title below)		r (specify below	)	
(Street)			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						
MIAMI, FL 33137 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						Acquire	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea		f Code (Instr.	8) (	(A) or D	A) or Disposed or instr. 3, 4 and 5)  (A) or				ed (	Ownership of Eorm:	Beneficial Ownership	
Common	Stock		10/08/2015				M	[ 2	20,000	1 ^	\$ 3.43 80	0,000		I	)	
			Table II -					contai form d	ned in lisplays	this forms a curre	m are no ently val ficially O	lid OMB co	to respon	d unless th		174 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		of Deri Secu Acq (A) ( Disp (D)	osed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)  S (I		Amount Underly Securitie	7. Title and Amount of Underlying Securities (Instr. 3 and 4)  Amount or Title Number of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirec		

## **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	10/09/2015
**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.