FORM 4

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

OMB APPROVAL						
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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 Type R	Response	s)															
Name and Address of Reporting Person * Rubin Steven D					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				
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 03/30/2016								X Officer (give title below) Other (specify below) Executive VP-Administration				
(Street) MIAMI, FL 33137			4. If A	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)		,	Гab	le I - Nor	-Dei	rivative S	ecurit	ies Ac	cquire	ed, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	ion Date,	if (if Code (Instr. 8)		(A) or Dispo (Instr. 3, 4 an		osed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form:	7. Nature of Indirect Beneficial Ownership	
					i/Day/100		Code	V	Amount	(A) or (D)	Pri		(msu. 5 d	ii. 3 and 4)		()	(Instr. 4)
Common Sto	ck		03/30/2016				P		1,000	A	\$ 10.1	.662	5,442,4	07		D	
Common Sto	ck												20,091,	062		I	See Footnote
Reminder: Repo	ort on a s	separate line	for each class of sec	curities 1	beneficial	ly o	wned dire	ectly	or								
								cor	ntained i	n this	form	n are	not req	uired to re	formation spond un itrol numb	less	EC 1474 (9- 02)
				(<i>e.g.</i> , pt	tive Secu ats, calls,								y Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion Oate (Month/Day/Derivative Security		Execution D any	4. Transaction Code (Year)			of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te I	4)	int of rlying ities . 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Ownership (Instr. 4)	
					Code	v	(A) (D)		te ercisable	Expira Date	ation	Title	Amount or Number of Shares				

Reporting Owners

Donostino Osmos Nomo / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Rubin Steven D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Executive VP-Administration				

Signatures

Adam Logal, Attorney-In-Fact	03/31/2016
**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 nu	mber.