F	C	R	RW	4	

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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

#### 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 Responses)								
1. Name and Address of Reporting Person – Rubin Steven D	2. Issuer Name <b>and</b> Opko Health, Inc.		ng Symbol	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 Tr 04/01/2016	ransaction (Mont	h/Day/Year)		ther (specify below)			
(Street) MIAMI, FL 33137	4. If Amendment, Da	ate 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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year	Execution Date, if	(Instr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information SEC 1474 (9-02)								

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2. 3. Transaction	n 3A. Deemed 4	4.		5. Number	r of	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion Date	Execution Date, if T	Transactio	on	Derivative	;	Expiration I	Date	of Underly	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise (Month/Day/Yea		Code		Securities		(Month/Day	/Year)	Securities		Security			Beneficial
(Instr. 3)	Price of	(Month/Day/Year) (I	(Instr. 8)		Acquired	(A)			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				or Dispose	ed							-	(Instr. 4)
1	Security				of (D)							0	Direct (D)	
					(Instr. 3, 4	,						1	or Indirect	
				1	and 5)			-				Transaction(s)	< / <	
										Amount		(Instr. 4)	(Instr. 4)	
1								Expiration	Title	or				
			<b>C</b> 1	<b>x</b> 7			Exercisable	Date		Number				
L			Code	V	(A)	(D)				of Shares				
Stock														
Option	¢ 10.41 04/01/2010	16			150.000		(1)	02/21/2026	Common	150 000	¢ 0	450.000	D	
<u>^</u>	\$ 10.41 04/01/2016	10	А	ľ	450,000		(1)	03/31/2026	Stock	450,000	\$0	450,000	D	
Stock Option (Right to Buy)	\$ 10.41 04/01/2016		A		450,000			03/31/2026	Common			450,000	D	

## **Reporting Owners**

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

### **Signatures**

Adam Logal, Attorney-In-Fact	04/01/2016
**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).
- (1) This option will vest in four equal annual installments beginning April 1, 2017.

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.