FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
stimated average				
ours per response	e 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 Type Responses) 1. Name and Address of Reporting Person * BEIER THOMAS E				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. (Street) MIAMI, FL 33137				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016						X_ Director						
				4. If Amendment, Date Original Filed(Month/Day/Year)												
(City	у)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on Date,	if Code (Instr		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)				Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Month/Day/Y		Co	de V	Amount (A) or (D)		Price	(msu.	nou. 5 anu 4)				
Common	Stock		04/01/2016			N	1	20,000	A	\$ 1.54	40,00	00			D	
Common	Stock										130,2	227			I	See Footnote
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally own	ed direct	Perso conta	ns who	this for	m are	not re	equired		d unless t		1474 (9-02
Reminder:	Report on a s	separate line for eac	Table II - l	Derivativ	e Secur	ities Acq	Perso conta form o	ns who ined in display	this for s a curr , or Bene	m are ently v	not re valid (equired OMB co		d unless t		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 1 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac Code	tion of Den (A) Dis (D)	Jumber ivative urities quired or posed of tr. 3, 4,	Perso conta form	ons who ined in displays cosed of convertil xercisable Date	this for s a curr , or Bene ble secur	eficially rities) 7. Tit Amou Under Secur	y Own	equired OMB co ned	to respondentrol numbers of 8. Price of	d unless t	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat of India f is Benefic ve (Instr. 2
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - (3A. Deemed Execution Date, if any	Derivativ (e.g., puts 4. Transac Code	ye Securs, calls, v 5. 1 tion of Dec) Sec Acc (A) Dis (D) (Ins	ities Acquarrants Tumber ivative urities quired or posed of tr. 3, 4, 5)	Perso conta form o uired, Disp options, c 6. Date Ex Expiration	ens who ined in display cosed of convertil kercisable n Date lay/Year	this for s a curr c, or Bene- ble secur le and	eficially rities) 7. Tit Amou Under Secur	not revalid (y Own the and unt of erlying rities 3 and	equired OMB co ned	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat of India f Benefic ive Owners y: (Instr. 4

Reporting Owners

D (1 0 N / 11)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BEIER THOMAS E						
OPKO HEALTH, INC.	X					
4400 BISCAYNE BLVD.	Λ					
MIAMI, FL 33137						

Signatures

Adam Logal, Attorney-In-Fact	04/05/2016
**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) Securites held by the Thomas E. Beier and Evelyn M. Beier Trust FBO Thomas E. Beier Trust.

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.	