FORM 4

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

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

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 Ty	pe Response	es)															
1. 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) 12/30/2016							X Officer (give title below) Other (specify below) Executive VP-Administration					
(Street)				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo:	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, I		(State)	(Zip)														
				24 D											Beneficially	6.	7. Nature
(Instr. 3) Date (Month/Day/Year)		Execu	Execution Date, if Code any (Instr.		e	saction 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)) Bene	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)				of Indirect Beneficial		
			(Mont	Month/Day/Year)		Code V		Amount	(A) or (D)	Price	Ì	(Instr. 3 and 4)			Ownership (Instr. 4)		
Common	Stock		12/30/2016]	P		2,000	A	\$ 9.176	5,57	5,573,251			D	
Common	Stock											20,0	91,0	62		I	See Footnote (1)
Reminder:	Report on a	separate line	for each class of sec	urities	beneficially	owne		Per:	sons wh	n this	form a	are not	requ	ired to re	oformation espond un espond numb	less	EC 1474 (9- 02)
					tive Securi					,			vned				
Derivative Conversion Date		Date	. Transaction 3A. Deemed Execution Da any		4. te, if Transaction Code Year) (Instr. 8)		5. Number of		tions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. A U So (II 4)	7. Title and Amount of Underlying Securities (Instr. 3 and	f I g S nd	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownership (Instr. 4) D)
					Code V	(A)	(D)					Shar	es				

Reporting Owners

	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

Steven D. Rubin	01/03/2017
**Signature of Reporting	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).

These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any (1) pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.