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

OMB APPROVAL				
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longer subject to Section 16. Form 4 or Form 5 obligations $\ \, \text{may continue.} \, \textit{See}$ 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

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							
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD. (Street) MIAMI, FL 33137				Date of Earliest Transaction (Month/Day/Year) 01/13/2017 If Amendment, Date Original Filed(Month/Day/Year)					Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person							
													ine)			
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ed							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye		f Code (Instr.	8)	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	Owne Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed I	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						Cod	le V	Amount	(A) or (D)	Price					I) Instr. 4)	,
Common	ommon Stock		01/13/2017			М		20,000	A	\$ 2.05	60,00	00])	
Common	Stock										130,2	227		1		See Footnote
teminder:	Report on a s	separate line for eac	h class of securities	benefici	ally owne	d directly	Perso	ons who	this for	m are	not re	equired		d unless th		1474 (9-02
Reminder:	Report on a s	separate line for eac	Table II - I	Derivativ	ve Securi	ties Acqu	Perso conta form	ons who ained in display	this for s a curr , or Ben	m are ently v	not re valid (equired OMB co		d unless th		1474 (9-02)
I. Title of	2. Conversion	3. Transaction	Table II - I	Derivative.g., puts 4. Transac	s, calls, w s, calls, w s, tion of Deri Sect Acq (A) Disp (D)	ties Acquarrants, umber vative urities uired or sosed of	Perso conta form	ons who ained in displays posed of convertil exercisable on Date	this for s a curr , or Bend ble secur	rm are rently verifically rities) 7. Tit Amore Under Security	y Own	equired OMB co	to respon ntrol num	d unless th	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 4
. Title of Derivative Decurity	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - I 3A. Deemed Execution Date, if any	Derivative.g., puts 4. Transac	ze Securis, s, calls, w tion of Deri Securical Acq (A) Disp (D) (Insi	ties Acquarrants, umber vative urities uired or sosed of	Persoconta form nired, Dis options, 6. Date E Expiration	ons who ained in display. posed of convertil ixercisable n Date Day/Year	this for s a curri, or Beneble securice and	rm are rently verifically rities) 7. Tit Amore Under Security	not revalid (y Own the and unt of erlying rities : 3 and	equired OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Nai of Indi Benefic Owner (Instr. 4

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	01/17/2017
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.	