# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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 Ty	pe Response	es)														
1. Name and Address of Reporting Person *- Rubin Steven D				2. Issuer Name <b>and</b> 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) 02/08/2017						X Officer (give title below) Other (specify below)  Executive VP-Administration						
(Street) MIAMI, FL 33137				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)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		Following	Ownership o Form:	Beneficial			
				(Month/Day	//Year	Co	de	V	Amount	(A) or (D)	Price	or Indirect (I)		Ownership (Instr. 4)		
Common	Stock		02/08/2017			F	)		2,000	A	\$ 8.107	5,575,25	51		D	
Common	Common Stock											20,091,062		I	See Footnote	
Reminder: indirectly.	Report on a	separate line	for each class of secu	urities benefi	cially	owned	direc	tly o	r							
							-  -	cont	ained ii	n this f	orm ar	e not req	uired to re	nformation espond unl ntrol numb	ess	EC 1474 (9- 02)
				Derivative See.g., puts, ca									1			
1. Title of Derivative Security (Instr. 3)	Conversion	on Date Execution any (Month/Day/Year)	Execution Da	Code	of an		and	nd Expiration Date Month/Day/Year)		Am Und Sec	Citle and ount of derlying urities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date		Expirati Date	ion Titl	Amount or e Number of Shares				

### **Reporting Owners**

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

### **Signatures**

Steven D. Rubin	02/09/2017
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).

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.