# FORM 4

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

| OMB APPROVAL             |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |
| hours per response 0     |  |  |  |  |  |

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 – KRASNO RICHARD M  (Last) (First) (Middle) 4400 BISCAYNE BLVD. |   |         | 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  |   |  |                               |  |   |            |
|   |   |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2017  |          |            |     |   |  |   |   | e title below)                         |                               | r (specify below   | )   |            |
| (Street) MIAMI, FL 33137  |   |         | 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 |   |  |                               |  |   |            |
| (Cit  |   | (State) | (Zip)   | Table I - Non-Derivative Securities Acqu   |          |            |     |   | uired, I                                 | lired, Disposed of, or Beneficially Owned   |   |  |                               |  |   |            |
| 1.Title of S<br>(Instr. 3)  | 1.Title of Security 2. Transaction Date (Month/Day/Year |         | 2A. Deemed<br>Execution Date, if<br>r) any<br>(Month/Day/Year)      |  | Date, if | (Instr. 8) |     | Securities Acquired A) or Disposed of (D) instr. 3, 4 and 5)  (A) or mount (D) Price            |  | 5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)   |   | ed C                                   | Ownership<br>orm:             | Beneficial<br>Ownership  |   |            |
|   |   |         |   |  |          |            |     | contain<br>form dis   | ed in this<br>splays a d<br>sed of, or l | form are<br>currently<br>Beneficial   | e not re<br>valid (   | equired<br>OMB co                      | of informato responentrol num | d unless th  |   | 474 (9-02) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | Conversion  |         | 3. Transaction 3A. Deemed   | 4. 5. f Transaction of Code De |          | 5. Number  |     | s, options, convertible secur<br>6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  | d 7. T<br>Amo<br>Und<br>Secu  | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  |                               | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Form of Derivative Security: Direct (D) or Indirect |            |
|   |   |         |   | Code   | v        | (A)        | (D) | Date<br>Exercisable   | Expiration Date                          | on Title  | e   | Amount<br>or<br>Number<br>of<br>Shares |                               |  |   |            |
|   |   |         |   |  |          |            |     |   |  |   |   |  |                               |  |   |            |

## **Reporting Owners**

| D  | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address                             | Director      | 10% Owner | Officer | Other |  |  |  |
| KRASNO RICHARD M<br>4400 BISCAYNE BLVD.<br>MIAMI, FL 33137 | X             |           |         |       |  |  |  |

## **Signatures**

| Adam Logal, Attorney-In-Fact    | 02/10/2017 |
|---------------------------------|------------|
| **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).

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.