FORM 4

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

OMB APPROVAL						
MB Number: 3235-0287						
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ours per response	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 *- PAGANELLI JOHN A				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) 1250 PITTSFORD-VICTOR ROAD, BUILDING 200 - SUITE 280				3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017									Officer (give	e title below)	Oth	er (specify bel	ow)	
PITTSFORD, NY 14534				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fe	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Own				6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership		
							Coc	ie	V A	mount	(D)	Price					Instr. 4)	
Common	Stock		03/06/2017				М	1	20	0,000	A	\$ 3.43	359,	355]	D	
Common	Stock		03/06/2017				F		9, <u>(1</u>	,015 <u>)</u>		\$ 7.61 (2)	350,340		1	D		
Common	Stock											4,175			1	[See Footnote	
Reminder:	Report on a	separate line for eac	Table II - l		ve Se	ecuriti	es Acqu	P co fo	erson ontain orm di	s who led in splays	this for s a cur or Ben	rm are rently eficial	not r valid	equired OMB co	of informato respon	d unless th		1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.	s, ca								itle and	<u> </u>	8. Price of	9. Number o	f 10.	11. Natu
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution Date, if	Date, if Transaction of Expiration Date (Month/Day/Year)			Amo Und Secu	ount of erlying urities	Int of Derivative Security (Instr. 5)		Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	hip of Indire Benefici Ownersh (Instr. 4) D)					
				Code	V	(A)	(D)	Date Exer	cisable		iration	Title	e	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 3.43	03/06/2017		М		2	20,000	06/0	09/201	2 06/0	08/201	8 Cor St	nmon tock	20,000	\$ 0	0	D	

Reporting Owners

Donostino Como de Novo / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	X							

Signatures

Adam Logal, Attorney-In-Fact	03/07/2017
**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) Represents number of shares withheld by the Company at the direction of the reporting person for the payment of exercise price. No shares of Common Stock were sold by the reporting person in connection with this transaction. The reporting person has retained the net number of shares issued upon the exercise of the option (10,985 shares).
- (2) Closing market price of the Company's common stock on the transaction date.
- These securities are owned by Mr. Paganelli's spouse. The reporting person disclaims beneficial ownership of these securities, except to the extent of any 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 purposes.

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.