FORM 5

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

OMB APPROVAL							
OMB Number:	3235-0362						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported 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 * LERNER RICHARD 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)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				Officer (give title below)	Other (specify	below)		
OPKO HEALTH, INC., 4400 BISCAYNE			12/31/2012								
BLVD.											
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
MIAMI, FL 33137								_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	y) (State) (Zip) Table I				- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership	
					Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		05/16/2012		G	54,400	D	\$ 0	30,000	D		
Common Stock		05/16/2012		G	54,400	A	\$ 0	54,400	I	See Footnote	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	ities			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Acqui	ired			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				(A) or				4)			Owned at	Direct (D)		
					Dispo	sed						End of	or Indirect		
					of (D))						Issuer's	(I)		
					(Instr.	. 3,						Fiscal Year	(Instr. 4)		
					4, and	l 5)						(Instr. 4)			
										Amount					
							Date	Expiration		or					
							Exercisable	Expiration Date	Title	Number					
							Excicisable	Date		of					
					(A)	(D)				Shares					

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LERNER RICHARD A OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X						

Signatures

Adam Logal, Attorney-In-Fact	03/15/2017
**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 Lerner Family Trust, Richard A & Nicola G Lerner Trustees U/A Dated 11/14/1994.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.