-
Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 H Yu Alice Lin-Tsing	2. Issuer Name and Opko Health, Inc.		Tradi	ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
OPKO HEALTH, INC	TO TO DI LID	3. Date of Earliest T 04/10/2017	ransaction (Mon	th/Day/Ye	ear)	Officer (give title below) Officer (give title below)	her (specify belo	ow)		
(Street) MIAMI, FL 33137			4. If Amendment, Da	ate Original	Filed	d(Month/Day	y/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 Acqui					ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transact Code (Instr. 8)	ion	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			(Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	-
Common Stock		04/10/2017		М		20,000	А	\$ 4.72	100,000	D	

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

 Persons who respond to the collection of information
 SEC 1474 (9-02)

 contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (a.g., puts, colls, warrants, options, convertible securities)

			(ag., puts	, ca	113, W	ai rants,	options, conv	ci ubic securi	ucsj					
1. Title of		Transaction	3A. Deemed	4.			umber	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Da	ite	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deri	vative	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secu	urities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acq	uired			(Instr. 3 and	14)		Owned	Security:	(Instr. 4)
	Security					(A)	or			-			Following	Direct (D)	
						Disp	osed of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
						(Inst	tr. 3, 4,						(Instr. 4)	(Instr. 4)	
						and	5)								
											Amount				
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
				coue	•	(11)	(D)				Shares				
Stock															
Option	¢ 4 70	04/10/2017		м			20.000	06/14/2012	06/12/2010	Common Stock	20.000	¢ 0	0	D	
(Right to	\$ 4.72	04/10/2017		М			20,000	06/14/2013	06/13/2019	Stock	20,000	\$ 0	0	D	
										Stook					
Buy)															

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Yu Alice Lin-Tsing OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	Х						

Signatures

04/11/2017
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.