# FORM 4

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

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

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

Name and Address of Reporting Person * Rubin Steven D		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) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 05/31/2017					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					
1.Title of Security (Instr. 3)		. Transaction Date Month/Day/Year)	Execution Date, if Code		(A) or Disposed of			d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				Code	V	Amoun	(A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	0	05/31/2017		P		2,000	A	\$ 6.1	5,685,91	5		D	
Common Stock									20,091,0	162		I	See Footnote
Reminder: Report on a indirectly.	separate line for	each class of secu	rities beneficially o	wned direc	tly or	•							
										uired to re	formation spond unl		EC 1474 (9-
						orm dis	plays a	curre	ently valid	I OMB cor	itrol numb	er.	02)
			erivative Securitie	es Acquire	the fo	sposed o	f, or Ben	eficia	lly Owned		itrol numb	er.	02)
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security	(Month/Day/Ye	3A. Deemed Execution Date any	eg., puts, calls, war 4. Transaction Code I (Instr. 8)	es Acquire crants, opt	the foods, Distingtions,  6. Date and H	sposed of convert ate Exerc Expiration	of, or Ben ible secu cisable on Date	7. T Am Und Sec	lly Owned		9. Number	of 10. Owners! Form of Derivati Security Direct (l or Indire	11. Nature of Indirec Beneficial Ownershi (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

Steven D. Rubin	06/01/2017
Signature of Reporting	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.