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	9 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 *- Yu Alice Lin-Tsing (Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
												title below)		er (specify below	7)		
(Street) MIAMI, FL 33137			_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					urities	Acquired, l	quired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if Code		8) (A (In	Securities Acquire) or Disposed of (I str. 3, 4 and 5) (A) or nount (D) Primount		f (D) Owne Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed (Ownership Form:	Beneficial Ownership					
								containe form dis uired, Dispos	ed in th plays a ed of, or	is form a curre r Benefi	ntly valid	equired OMB co	to respon	d unless th		474 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction 3A. Deemed	4. f Transaction Code (Instr. 8)		5. Number		6. Date Exercisable Expiration Date (Month/Day/Year)		e Amo		; ;		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect) ` ´		
				Code	V	(A)	(D)	Date Exercisable	Expira Date	ition	Title	Amount or Number of Shares					
Stock Option (Right to	\$ 6.45	06/15/2017		A		20,000		06/15/2018	06/14	-/2027	Common Stock		\$ 0	20,000	D		

Reporting Owners

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

Signatures

Adam Logal, Attorney-In-Fact	06/16/2017
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.