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				

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 *- 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					
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017								e title below)		ner (specify bel	ow)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
MIAMI, FL 33137 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						Acquired,							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if Code		(Instr. 3, 4 and		Disposed o	of (D) Owned Follow		,		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally	owned di	Coc	y or indirect Person contair	s wh ed ir	o respon	m are not	required	of inform to respon	d unless t		1474 (9-02)	
								uired, Dispo	sed o	f, or Bene	ficially Ow						
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. Numb	ve es d	Expiration Date (Month/Day/Year) of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Ownersh (Instr. 4) D) ect		
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 6.45	06/15/2017		A		20,000		06/15/201	8 06	/14/2027	Common Stock	20,000	\$ 0	20,000	D		

Reporting Owners

D	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	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.