Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the may continue. See Investment Company Act of 1940 Instruction 1(b).

(Print or Ty	pe Response	es)															
1. Name and Address of Reporting Person *- Logal Adam				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018							ear)		X Officer (give title below) Other (specify below) Sr. Vice President, CFO				
(Street) MIAMI, FL 33137				4. If Amendment, Date Original Filed(Month/Day/Year)							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 Acquired, Disposed of, or Beneficially Owned													
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A			of (D) C	Owned Following Reported Transaction(s)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
						Code	e '	V A	mount	(A) or (D)	Price	or I (I)		r Indirect			
Common Stock 06/08/2			06/08/2018			M		7:	5,000	Α .	\$ 3.43 2	239,858		)	)		
Common Stock			06/08/2018				F		63 <u>(1</u>	3,946 <u>)</u>	D .	\$ 4.26 (2)	75,912		]	)	
			Table II - l					for	ntain m dis Dispo	ed in s splays sed of,	this for a curr or Ben	rm are n rently va	alid OMB c	d to respo	nd unless tl		1474 (9-02)
1 7014 6	2	2 T .:		e.g., puts	, cal			_					1	lo p : c	0.37 1	c 10	11.37.
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion Date or Exercise Price of Derivative Security			if Transaction of Code Deriv r) (Instr. 8) Secur Acqu (A) or Dispo (D)		Expirative (Month/I) control or control of the cont		ation	Exercisable and on Date Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	) ` ´	
				Code	V	(A)		Date Exerc	eisable	Expir Date	ration	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 3.43	06/08/2018		М			75,000	(	(3)	06/0	8/2018	Comm Stock	1/5.000	\$ 0	0	D	

#### **Reporting Owners**

D	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Logal Adam								
4400 BISCAYNE BLVD.	Sr. Vice President, C.		Sr. Vice President, CFO					
MIAMI, FL 33137								

#### **Signatures**

Adam Logal	06/12/2018
**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).
- Represents the number of shares withheld by the Company at the direction of the reporting person for payment of the exercise price and tax liability in connection with the exercise (1) of the stock option. No shares of Common stock were sold by the reporting person in connection with this transaction. The reporting person has retained the net number of shares issued upon the exercise of the option, less the amount retained to pay the associated tax liability (11,054 of shares).
- (2) Closing market price of the Company's common stock on the transaction date.

 $\textbf{(3)} \ The \ options \ were \ granted \ on \ June \ 9, 2011 \ and \ vest \ in \ four \ equal \ installments \ beginning \ on \ June \ 9, 2012.$ 

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.