FORM 4

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

| OMB APPROVAL | | | | | |
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| MB Number: | 3235-0287 | | | | |
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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

| 1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL | | | 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 _X_ Officer (give title below) Other (specify below) CEO & Chairman | | | | | | |
|--|---|--|---|--|--|---|--|---|---|--|---|--|--|--|---|
| OPKO HEALTH, INC., 4400 BISCAYNE BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2018 | | | | | | | | | X | | |
| (Street) MIAMI, FL 33137 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ | 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 | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially | | | | | ficially Own | ally Owned | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | on Dat | e, if Coo (Ins | ransact le str. 8) | (A | Securities Acc) or Disposed str. 3, 4 and 5 | of (D) Own | | Securities Being Reporte | i C | Ownership of Form: | ect (D) Ownership Indirect (Instr. 4) | |
| | | | | | | (| Code | V An | (A) or (D) | Price | or Ind (I) | | | | |
| Reminder: | Report on a | separate line for each | ch class of securities | beneficia | ally ow | ned direc | F | ersons ontaine | who respond and in this for aplays a curr | m are not | required | to respon | d unless th | | 474 (9-02) |
| Reminder: | Report on a | separate line for eac | | | | | F | Persons containe orm dis | who respond and in this for aplays a curr | m are not ently valid | required d OMB co | to respon | d unless th | | 474 (9-02) |
| Title of Derivative Security | 2. Conversion | 3. Transaction | Table II - 3A. Deemed Execution Date, if | Derivatir (e.g., put 4. Transaci Code | ve Section 5. tion Do Section or of | Number erivative ecurities cquired (Dispose | cquired ats, opti of 6. I Ex ₁ (M | Persons containe orm dis l, Dispos ons, con | who responded in this for a plays a current of the | m are not ently valid eficially Ov | required d OMB co vned d Amount ving | to respon ntrol num | 9. Number of Derivative Securities Beneficially Owned Following | f 10. Ownersh Form of Derivativ Security: Direct (D | 11. Nation of Indirection Benefic Owners (Instr. 4 |
| 1. Title of | 2. Conversion or Exercise Price of Derivative | 3. Transaction | Table II - 3A. Deemed Execution Date, if | Derivatir (e.g., put 4. Transaci Code | ve Sectors, calls 5. tion Do Sector of (In | Number erivative ecurities equired (Dispose | cquired ats, opti of 6. I Ex ₁ (M | Persons contained orm disposed on the Execution I | who responded in this for a plays a current of the | rm are not rently valid eficially Overities) 7. Title and of Underly Securities | required d OMB co vned d Amount ving | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned | f 10. Ownersh Form of Derivativ Security: Direct (E or Indirec | 11. Nation of Indir Benefic Owners (Instr. 4 |
| Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction | Table II - 3A. Deemed Execution Date, if | Derivatir (e.g., put 4. Transaci Code | ve Sectors, calls 5. tion Do Sector of (In | Number erivative sequired (Dispose (D) nstr. 3, 4, d 5) | cquired ats, option of 6. I Exp (M. A.) | Persons containe corm dis l, Dispos ons, con Date Exe biration I conth/Day | who responded in this for splays a current of the ed of, or Ben evertible securicisable and Date (//Year) | rm are not rently valid eficially Overities) 7. Title and of Underly Securities | required d OMB co vned d Amount ving | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported | f 10. Ownersh Form of Derivativ Security: Direct (E or Indirec | 11. Nat of Indin Benefic Owners (Instr. 4 |

Reporting Owners

| D | Relationships | | | | | |
|---|---------------|-----------|----------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137 | X | X | CEO & Chairman | | | |

Signatures

| Phillip Frost, M.D. | 06/22/2018 |
|---------------------------------|------------|
| **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).
- (1) The options were granted on June 21, 2018 and vest annually in four equal installments beginning on June 21, 2019.

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

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.