# 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	e 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

1 Name a	pe Response	es)														
1. Name and Address of Reporting Person *- PAGANELLI JOHN 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				
(Last) (First) (Middle) 1250 PITTSFORD-VICTOR ROAD, BUILDING 200 - SUITE 280  (Street)			Date of Earliest Transaction (Month/Day/Year)     06/21/2018      If Amendment, Date Original Filed(Month/Day/Year)									e title below)		ner (specify below	7)	
										_X_ F	A. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
PITTSF(	ORD, NY 1	(State)	(Zip)													
		(State)		1								-		eficially Ow		
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye		Date, if			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)				/		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Month Bay) Tour		, , ,	Co	de V	Amount	(A) or (D)	Price	,	,			(Instr. 4)
1. Title of Derivative Conversion Security (Instr. 3)  Price of Derivative Security  1. Title of Date  (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year))  (Month/Day/Year)		(e.g., puts, calls, wa  4. 5. Nun f Transaction of Code Deriv. f) (Instr. 8) Secur. Acqui (A) or		5. Num of Deriva Securit Acquir (A) or	rities Acquires warrants, op Number Ex erivative ccurities equired		Amounth/Day/Year) Amounth/Day/Year) Amounth/Day/Year)		ently valid	y Owned  tle and 8. Price o unt of Derivativ rlying Security rities (Instr. 5)		f 9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownersh Form of	(Instr. 4)		
						(D) (Instr. 3 and 5)								Reported Transaction (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		iration e	Title	Amount or Number of Shares				

D (1 0 N /AII	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	X						

## **Signatures**

Adam Logal, Attorney-In-Fact	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).

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.