FORM 5

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

OMB APPROVAL				
DMB Number:	3235-0362			
Estimated average burden				
nours per respon	se 1.0			

Check this box if no longer
subject to Section 16. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).
Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Po Yu Alice Lin-Tsing	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) OPKO HEALTH, INC., 4400 B BLVD.		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018					Officer (give title below) Other (specify below)			
(Street) MIAMI, FL 33137	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (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						y Owned		
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	Amount (A) or Disposed of (D) (Instr. 3, 4 and 5)			Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership	
Common Stock	07/10/2015		G	6,780	D	\$ 0	93,220	D		
Common Stock	02/05/2016		G	13,270	D	\$ 0	79,950	D		
Common Stock	02/13/2017		G	13,460	D	\$ 0	66,490	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
	Conversion		Execution Date, if	Transaction	of		and Expirati	on Date	Amou		Derivative		Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	,				(Month/Day				Security			Beneficial
	Price of		(Month/Day/Year)		Secur		Ì		Secur		(Instr. 5)	Securities	Derivative	Ownership
` ′	Derivative		Ì	Ì	Acqui	ired			(Instr	. 3 and	` ′	Beneficially	Security:	(Instr. 4)
	Security				(A) or	r			4)			Owned at	Direct (D)	`
					Dispo	sed						End of	or Indirect	
					of (D))						Issuer's	(I)	
					(Instr.	3,						Fiscal Year	(Instr. 4)	
					4, and	15)						(Instr. 4)		
										Amount				
										or				
								Expiration		Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	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	03/11/2019
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 provided is insufficient, see Instruction 6 for procedure.

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