FORM 4

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

OMB APPROVAL
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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

	s)	*							1.	5 D 1 (1: CD	e P	() 4 T	
1. Name and Address of Reporting Person *- Logal Adam				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
SCAYNE I	(First) BLVD.	(Middle)		3. Date of Earliest Transaction (Month/D 05/09/2019				/Year)		X Officer (give title below) Other (specify below) Sr. Vice President, CFO				below)
(Street) MIAMI, FL 33137				4. If Amendment, Date Original Filed(Month/Day/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				
')	(State)	(Zip)		T	able I - No	n-Der	rivative S	Securities	s Acqui	red, Dispe	osed of, or I	Beneficially (Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		cution Date, if	f Code (Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following	Ownership Form:	Beneficial
			(Moi	nth/Day/Year	Code	V	Amount	(A) or (D)	Price				\ /	Ownership (Instr. 4)
n Stock		05/09/2019			P		100	A	\$ 2.035	176,012	!		D	
n Stock		05/09/2019			P		3,150	1 A		179,162	2		D	
					whea anec	tiy oi	munecti	/-						
		Table II		rative Securit	ies Acquir	Personn cont the f	sons wh tained in form dis	o respo this fo plays a	rm are currer neficiall	not requ itly valid		formation spond unle trol numbe	ss	1474 (9-02)
2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day	on 3A. Deeme Execution	(e.g.,) d Date, if	rative Securit puts, calls, w 4. Transaction Code	ies Acquir arrants, o	Personne the formation of the formations of the formations of the formation of the formatio	sons wh tained in form dis	o responthis for splays a of, or Bertible secutives able on Date	rm are currer neficiall rities) 7. Tir Amo Unde Secu	not required to the and count of erlying	omB conf	spond unle	of 10. Owners Form o Derivat Security Direct (or Indir	11. Natu of Indire f Benefici y: (Instr. 4)
	FL 33137 Security Stock	dam (First) (First) (SCAYNE BLVD. (Street) FL 33137 (State) (State) Gecurity	dam (Middle) SCAYNE BLVD. (Street) FL 33137 (State) (Zip) Gecurity 2. Transaction Date (Month/Day/Yea (Month/Day/Yea 1 Stock 05/09/2019	Adam	dam Opko Health, O	Opko Health, Inc. [OPI 3. Date of Earliest Transaction 05/09/2019 4. If Amendment, Date Orig FL 33137 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Code (Instr. 8) Code P P P P P P P P P	Adam Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (M 05/09/2019 4. If Amendment, Date Original F FL 33137 (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Execution Date, if any (Month/Day/Year) Code (Instr. 8) Code V 1 Stock 05/09/2019 P	Code V Amount Stock O5/09/2019 P 3,150 Opko Health, Inc. [OPK] Opko Health, In	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019 4. If Amendment, Date Original Filed(Month/Day/Year) FL 33137 (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (A) or Disposed (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) 1. Stock 05/09/2019 P 100 A 1. Stock 05/09/2019 P 3,150 A	Opko Health, Inc. [OPK] 3. Date of Earliest Transaction (Month/Day/Year) O5/09/2019	Code V Amount Code Code V Amount Code Code V Amount Code Co	Check Code Code	Check all applic Check all applic Check all applic Director X Officer (give title below) SCAYNE BLVD. SCAYNE BLVD. 3. Date of Earliest Transaction (Month/Day/Year) O5/09/2019 4. If Amendment, Date Original Filed(Month/Day/Year) G. Individual or Joint/Group Filing X_Form filed by More than One Reporting Person Form filed by More than One Reporting Person F	Check all applicables Chec

Reporting Owners

P. (1 O. N. /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Logal Adam 4400 BISCAYNE BLVD. MIAMI, FL 33137			Sr. Vice President, CFO			

Signatures

Adam Logal	05/10/2019
**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 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.