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

(Print or Ty	pe Responses	s)													
1. Name and Address of Reporting Person * HSIAO JANE PH D				2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019						X_Officer (give title below) Other (specify below) Vice Chairman & CTO						
(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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		ction	tion 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)			ollowing	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Monul/Day/Tear)		ode	V	Amoun	(A) or (D)	Price	(mout. 5 and 4)			or Indirect (I) (Instr. 4)		
Common	Stock		05/09/2019]	P		6,717	A	\$ 2.025	24,471,	864		D	
Common Stock		05/09/2019]	P		500		\$ 2.035	24,472,364			D		
Common	Stock		05/09/2019]	P		2,783	A	\$ 2.04	24,475,147			D	
Common	Stock										4,727,4	04		I	See Footnote
Common	Stock										20,091,	062		I	See Footnote (2)
Reminder:	Report on a s	separate line fo	or each class of secu	rities beneficially or	wned o		Pers	ons wh	o respo	rm are	not requ		ormation spond unle trol numbe	ss	C 1474 (9-02)
				Derivative Securit		-		-			ly Owned				
	Derivative Conversion or Exercise		Year) any	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and (Mo	nd Expiration Date Month/Day/Year) An Un See		Amo Undo Secu (Inst	tle and bunt of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	tive Ownersh (Instr. 4) (CD) rect	
				Code V	(A)	(D)	Date	e rcisable	Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Auditoss						

HSIAO JANE PH D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Vice Chairman & CTO		
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Signatures

Jane H. Hsiao, Ph.D.	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).
- The securities are owned directly by Hsu Gamma Investment, L.P. Dr. Hsiao is the general partner of Hsu Gamma Investment, L.P. The reporting person disclaims beneficial (1) ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary (2) interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.