## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 Type Responses)  1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					
PFENNIGER RICHARD C JR				Opko Health, Inc. [OPK]							(Check all applicable) _X_ Director				
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/22/2019						Office	r (give title belo	ow)	Other (specify l	pelow)	
(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)	7	ahla I	- Non	-Dariy	ativa S	acuritias	Acan	irad Dien	nsed of or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	3. Transa Code (Instr. 8)		4. Securities Acqu (A) or Disposed o		quired of (D)	5. Amoun Beneficia Reported	at of Securities lly Owned Following Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Yea		ode	`		(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		05/22/2019			P	3	30,000	A	\$ 2.05	250,000			D		
				Derivative Secur		equire	the for	rm dis	plays a f, or Ben	curre neficial	ntly valid	OMB con	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da any	e.g., puts, calls, v 4. te, if Transactior Code Year) (Instr. 8)	5. Number		6. Date and Ex (Month	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Secu	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A)	(D)	Date Exercis		Expiratio Date	n Title	or Number of Shares				
Repor	ting O	wners													

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PFENNIGER RICHARD C JR OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

## **Signatures**

Adam Logal, Attorney-In-Fact	05/23/2019
**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.