FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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hours per response	0.5

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

	pe Response													
1. Name and Address of Reporting Person* PFENNIGER RICHARD C JR				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					
OPKO HEALTH, INC., 4400 BISCAYNE BLVD. (Street)			Date of Earliest Transaction (Month/Day/Year) 06/20/2019 4. If Amendment, Date Original Filed(Month/Day/Year)						Officer (give	title below)	Other	(specify below)		
								X	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned					
MIAMI, FL 33137 (City) (State) (Zip)														
1 571 20			la m .	10.5		1								2.7
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		eemed tion Date, if	Code (Inst	e (A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				O Fe	Ownership of	Nature Indirect eneficial
				(Mont)	h/Day/Year			(A) or	Ì	(Instr. 3 and 4)		or (I)	Indirect (Ins	vnership istr. 4)
						C	ode V A	mount (D)	Price			(I	nstr. 4)	
Reminder:	Report on a	separate line for each	n class of securities	beneficia	lly owned d	rectly	or indirectly.							
Reminder:	Report on a	separate line for each	n class of securities	beneficia	lly owned d	rectly	Person in this f	who respond orm are not re orly valid OMB	equired to	respond u				74 (9-02)
Reminder:	Report on a s	separate line for each		- Deriva	tive Securi	ies Ac	Person in this to a curre	orm are not rently valid OMB	equired to s control n ficially Own	respond (number.				74 (9-02)
	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pt	tive Securiuts, calls, w 5. Nun of Der Securi	ies Acarrantaber vative ies ed (A)	Personin this to a current a current a current to a curre	orm are not rently valid OMB sed of, or Beneficerible securic cisable and ate	equired to B control n ficially Own ties)	ned ad Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pt	tive Securiuts, calls, was 5. Num of Der Securi Acquim or Disport (D) (Instr.	ies Acarrantaber vative ies ed (A)	Personin this tacurred a curred ts, options, co	orm are not rently valid OMB sed of, or Beneficerible securic cisable and ate	ficially Own ties) 7. Title an of Underly Securities	ned ad Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh

Reporting Owners

	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	06/21/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- \star 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.