## FORM 4

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

OMB APPROV	'AL
OMB Number:	3235-0287
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hours per response	0.5

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

(	pe Response														
1. Name and Address of Reporting Person * PAGANELLI JOHN A			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						
1250 PIT	(Last) (First) (Middle) 1250 PITTSFORD-VICTOR ROAD, BUILDING 200 - SUITE 280 (Street) PITTSFORD, NY 14534			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)  6. Individual or Joint/Group Filing/Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				7)
PITTSFO										_X_ F					
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquired,	Disposed (	of, or Benef	icially Owne	d			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		) any		e, if Co	(Instr. 8)		Securities Acqu or Disposed of str. 3, 4 and 5)					Ownership Form: Direct (D)	Beneficial Ownership
							Code	V Amount (D)		Price				or Indirect (I) (Instr. 4)	Instr. 4)
Reminder:	Report on a s	separate line for each	n class of securities b	eneficial	lly owne	d direct	P	ersons this fo	who respond rm are not re tly valid OMB	quired to r	espond ι				474 (9-02)
Reminder:	Report on a s	separate line for eacl		- Deriva	tive Sec	urities A	P ir a Acquired	ersons this fo curren	rm are not re tly valid OMB ed of, or Benef	quired to r control nu	espond ι ımber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Secuts, call tion of Second or of (In	urities As, warra Number Derivative curities quired (A Disposed (D) str. 3, 4,	Acquired nts, opti	ersons this for current , Disposons, con	rm are not re tly valid OMB ed of, or Benef vertible securit sable and te	quired to r control nu	espond umber.  ed  Amount ing	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Naturip of Indire Beneficire Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Secuts, call: 5.1 tion of Security of (In and	urities As, warra Number Derivative surities quired (A Disposed D) str. 3, 4,	Acquired nts, opti 6. Da Expir (Mon A)	ersons this for current , Disposons, context Exerciation Da	rm are not re tly valid OMB ed of, or Benef vertible securit sable and te	required to recontrol nutricially Owneries)  7. Title and of Underlying Securities	espond umber.  ed  Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Naturip of Indire Beneficire Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD BUILDING 200 - SUITE 280 PITTSFORD, NY 14534	X				

#### **Signatures**

Adam Logal, Attorney-In-Fact	06/21/2019
**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.