FORM 4

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

OMB APPROVAL				
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* Rubin Steven 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					
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019				X	X Officer (give title below) Other (specify below) Executive VP-Administration					
(Street) MIAMI, FL 33137			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_:	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Benef				icially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Execut any	xecution Date, if		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)					O Fo	Ownership of Form:	Nature Indirect eneficial wnership	
			(WIOIII	ii/Day/1 car)	Cod	le V A	V Amount (A) or (D) Pr				or (I	r Indirect (Ins		
Reminder:	Report on a s	separate line for each	relass of securities (<u> </u>	ry owned diff		Persons in this f	who respon	equired to	respond u				74 (9-02
Reminder:	Report on a s	eparate line for each				•	Persons in this for a currer		equired to 3 control n	respond u umber.				74 (9-02
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Securiti uts, calls, wa 5. Numb ion Derivati Securitic Acquire or Dispo	es Acquerants, per of ve es d (A)	Persons in this for a currer uired, Dispo	orm are not r ntly valid OMI sed of, or Bene nvertible secur rcisable and Date	equired to 3 control n	respond unber. ned Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	11. Nat of India Benefic Owners
1. Title of	2. Conversion or Exercise Price of	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Securiti uts, calls, wa 5. Numb ion Derivati Securitie Acquire	es Acquerrants, per of ve es d (A) used of	Persons in this for a currer uired, Dispo options, core 6. Date Exer Expiration I	orm are not r ntly valid OMI sed of, or Bene nvertible secur rcisable and Date	equired to 3 control n ficially Own ities) 7. Title and of Underlyi Securities	respond unber. ned 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. Nat
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 Securiti ats, calls, wa 5. Numb Derivati Securitie Acquire or Dispoc (D) (Instr. 3,	es Acquerrants, per of ve es d (A) used of	Persons in this for a currer uired, Dispo options, core 6. Date Exer Expiration I	orm are not rently valid OMI sed of, or Beneavertible securicisable and Date //Year) Expiration	equired to 3 control n ficially Own ities) 7. Title and of Underlyi Securities	respond unber. ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Na of Indi Benefi Owner

Reporting Owners

	B 4 0 N /	Relationships				
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
4	Rubin Steven D DPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Executive VP-Administration		

Signatures

Steven D. Rubin	07/03/2019
**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).
- (1) This option will vest in four equal annual installments beginning July 1, 2020.

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 no	ot required to respond unless the form displays a currently valid OMB number.