longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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* 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)XDirector10% Owner						
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019					X Officer (give title below) Other (specify below) Vice Chairman & CTO							
(Street)			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							
	FL 33137										_ r orm med by iv	Tore than One is	teporting reison		
(Cit	y)	(State)	(Zip)			Ta	ble I	- Non-Deri	vative Securition	es Acquire	d, Disposed o	of, or Benef	icially Owned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			Execution Date, if Co			· / 1		of (D) Ow Tra	Owned Following Reported Transaction(s)		O Fe	lly 6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership			
				(Month/Day/Ye		// Year)	Code	e V A	(A) or (D)	Price	tr. 3 and 4)		or (I	Indirect (Ins	
Reminder:															
Reminder:	T		Table II					in this for a currer	who respon orm are not re atly valid OME sed of, or Bene	equired to B control : eficially Ow	respond u number.				74 (9-02)
1. Title of			3A. Deemed Execution Date, if	(e.g., p 4. Transac Code	tion 5 S A		of (A)	in this for a currer	orm are not really valid OME sed of, or Bene exertible secur reisable and Date	equired to B control : eficially Ow	o respond unumber. vned d Amount ying	8. Price of		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	tion 5 S A	alls, warr 5. Number Derivative Securities Acquired (or Dispose D) Instr. 3, 4	ants, of (A) ed of	in this for a currer thired, Dispositions, contions, contions. 6. Date Exert Expiration I	orm are not rottly valid OME sed of, or Bene exertible secur rotisable and bate /Year)	equired to B control of eficially Owities) 7. Title an of Underly Securities	o respond unumber. vned d Amount ying	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. Natur of Indired Beneficia Ownersh

P (O N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HSIAO JANE PH D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Vice Chairman & CTO		

Signatures

Adam Logal, Attorney-In-Fact	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.