FORM 4

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

OMB APPROVAL
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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 Typ	e Response	s)		•										
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) X Director 10% Owner				
(Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2019						X Officer (give title below) Other (specify below) Vice Chairman & CTO				
(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)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		*****	2A. Deemed Execution Date, if any (Month/Day/Year	, if Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(indiana Buyi Tour	Code	V	Amount	(A) or (D)	Price	(Inour D e			or Indirect (I) (Instr. 4)	
Common	Stock									24,475,	147		D	
Common Stock		10/25/2019		P		400,000	A	\$ 1.5	5,127,404		I	See Footnote (1)		
Common Stock									20,091,062		I	See Footnote		
Reminder: R	Report on a s	separate line fo	or each class of secur	rities beneficially o	wned direc	Pers	sons who tained in	respor this for	m are	not requ	ction of inf uired to res OMB cont	spond unle	ess	C 1474 (9-02)
				Derivative Securit			-	*		ly Owned				
(Instr. 3)		3. Transaction Date (Month/Day/	3A. Deemed Execution Da any	4. Transaction Code Year) (Instr. 8)	5.	and Expiration Date (Month/Day/Year)		7. Ti Amo Und Secu	tle and bunt of berlying rities r. 3 and 8. Price of Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficia Ownershi y: (Instr. 4)	
				Code V	(A) (D)	Date Exe	-	xpiratior Pate	¹ Title	Amount or Number of Shares				

Reporting Owners

D 41 0 N 4	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

Jane H. Hsiao, Ph.D.	10/25/2019
**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).
- The securities are owned directly by Hsu Gamma Investment, L.P. Dr. Hsiao is the general partner of Hsu Gamma Investment, L.P. The reporting person disclaims beneficial (1) ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary (2) interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.