FORM 4

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

OMB APPRO	VAL				
OMB Number:	3235-028				
Estimated average burden					
hours per response	0				

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

(Frince or F)	pe Response														
1. Name and Address of Reporting Person – Japour Anthony J				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) 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/06/2020							Officer (give	title below)	Other	(specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	AMI, FL 33137 (City) (State) (Zip)				Tabla I - Nan-Derivative Securities Acqu					Acquired.	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year) any	eemed ion Date, if	3. Tr	ansaction 4	4. Securities Acqu (A) or Disposed o		nired 5. Amount of Owned Follow Transaction(s)		Securities Beneficially wing Reported		7. wnership of orm: B	Beneficial	
				(Month	n/Day/Year)	Co	ode V	Amount	(A) or (D)	(Inst	(Instr. 3 and 4) Direct (D) Or Indirect (I) (Instr. 4)			wnership nstr. 4)	
Reminder:	Report on a s	separate fine for each	class of securities of		iy owned di		Persor in this	ns who re form are	not re	quired to	respond ι		on contained form display		74 (9-02)
Reminder:	Report on a s	separate fine for each	class of securities of		iy owned di		Persor in this	ns who re form are	not re	quired to	respond ι				74 (9-02)
1. Title of	2. Conversion or Exercise Price of	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	tive Securiti tts, calls, wa 5. Num ion of Deri' Securiti Acquire	ber vative es ed (A)	Person in this a curre quired, Disp s, options, con 6. Date Exe Expiration 1 (Month/Day	ns who re form are ently valid cosed of, or convertible reisable an Date	not red d OMB r Benefi	quired to a control national control of the control	respond uumber. ned d Amount	8. Price of	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative	11. Natur of Indirec Beneficia Ownersh
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transact Code	5. Num of Deri Securiti Acquire or Disp of (D) (Instr. 3	ber vative es ed (A) osed	Person in this a curre quired, Disp s, options, con 6. Date Exe Expiration 1 (Month/Day	ns who reform are form are ently valid to so sed of, or onvertible reisable an Date //Year)	not reed OMB r Benefit e securit nd	quired to a control noticially Ownies) 7. Title and of Underly Securities	respond uumber. ned d Amount	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

P (0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Japour Anthony J 4400 BISCAYNE BLVD. MIAMI, FL 33137	X				

Signatures

Adam Logal, Attorney-in-Fact	01/08/2020
**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.