FORM 4

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

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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

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_ Director 10% Owner					
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020					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						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acquired	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Owned Followi		<i>U</i> 1		Ownership of Form:	Nature f Indirect eneficial wnership	
						Cod	le V A	mount (A) or (D)	Price	,		or (I)	Indirect (In	
Reminder:	Report on a s	separate line for each	retass of securities t		.y		in this f	s who respon orm are not r ntly valid OMI	equired to	respond u				74 (9-02
Reminder:	Report on a s	separate line for each	retass of securities t		iy owned dii	•	in this f	orm are not r	equired to	respond u				74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	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	rrants, per of ve	in this for a currer	orm are not r htly valid OMI sed of, or Bene envertible secur reisable 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	10. Ownership Form of	11. Nat of Indir Benefic
Title of Derivative	2. Conversion	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 Securitie	er of ve es d (A) osed of	in this f a currer uired, Dispo options, cor 6. Date Exe Expiration I (Month/Day	orm are not r htly valid OMI sed of, or Bene envertible secur reisable and Date	equired to 3 control n ficially Own ities) 7. Title and of Underlyi	respond unber. ned Amount	8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	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	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Securiti uts, calls, wa 5. Numb ion Derivati Securiti Acquire or Dispo (D) (Instr. 3.	er of ve es d (A) osed of	in this f a currer uired, Dispo options, cor 6. Date Exe Expiration I (Month/Day	orm are not rently valid OMI sed of, or Beneavertible securicisable and Date //Year)	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 of India Benefic Owners

Reporting Owners

	D 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	06/08/2020
**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).
- (1) This option will vest in four equal annual installments beginning June 4, 2021.

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.