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

ONB APPROV	/AL
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hours per response	0.5

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* FROST PHILLIP MD ET AL				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					
OPKO HEALTH, INC., 4400 BISCAYNE BLVD. (Street)				Date of Earliest Transaction (Month/Day/Year) 06/04/2020 If Amendment, Date Original Filed(Month/Day/Year)											
										6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
MIAMI, FL 33137 (City) (State) (Zip)															
(Ci	.y)	(State)	(Zip)			Ta	ble I	- Non-Deriv	vative Securiti	es Acquire	d, Disposed o	of, or Benef	icially Owned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				(A) or Disposed of (D)		of (D) Ov Tra	D) Owned Following Reported Transaction(s)		O Fe	6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership					
				(Month/Day/		y/Year)		e V A	(A) or (D)	Price	tr. 3 and 4)		or (I)	Indirect (Instr	
Reminder:								Persons	: who resnon	d to the c	ollection of	information	on contained	SEC 147	74 (0 (12)
			Table II					in this for a currer	orm are not rately valid OMI	equired to 3 control ficially Ov	respond u number.				4 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., p) 4. Transact Code	tion Second	Alls, warra . Number Derivative decurities Acquired (or Dispose D) Instr. 3, 4,	ants, of (A) ed of	in this for a currer	orm are not really valid OMI sed of, or Beneavertible secures reisable and Date	equired to 3 control ficially Ov	o respond unumber. vned d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X	X	CEO & Chairman		

Signatures

Phillip Frost, M.D.	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.