# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-028				
Estimated average burden					
hours per response	0.				

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 Ty	pe Response	s)														
1. Name and Address of Reporting Person * Fishel Robert Scott				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) 06/25/2020								Officer (give	title below)	Other (	(specify below)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
MIAMI,	FL 33137											om med by i	Tore than One i	ceporting r erson		
(City	y)	(State)	(Zip)			Т	able	I - Non-De	riva	tive Securities	Acquired	Disposed	of, or Benef	icially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	) any	tion	Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Own Tran	(D) Owned Followi Transaction(s)		O Fo	wnership of orm: Be	neficial
				(Month/Da		ay/Year)	Co	ode V	Δm	(A) or (D)	(Inst	(Instr. 3 and 4)		or (I	Indirect (In	wnership nstr. 4)
			Table II					a curr quired, Disj	ent	rm are not re ly valid OMB ed of, or Benef vertible securit	control n	umber.	illess tile	ioini dispiay	3	
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number of Derivative		6. Date Exerc Expiration Da (Month/Day/		sable and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Date Exercisable	è	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 2.68	06/25/2020		A		20,000		06/25/20	21	06/24/2030	Commo	20,000	\$ 0	20,000	D	

#### **Reporting Owners**

D 4 0 V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fishel Robert Scott 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

### **Signatures**

Steven D. Rubin, Attorney-in-Fact	06/26/2020
**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.