FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL
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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* PFENNIGER RICHARD C JR			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								
(Kast) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 07/24/2020						Officer (give	title below)	Other	(specify below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fc	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
	FL 33137											ini med by iv	rore man one r	teporting r erson		
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					luired, I	nired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	1.Title of Security 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date any				(.	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Followi Transaction(s)			. C	Ownership of orm:	Nature Indirect eneficial	
				(Mont	h/Day/Y	Day/Year)		de V A	Amount (A) or		(Instr.	Instr. 3 and 4)		0	Orect (D) Over Indirect (Ir	wnership nstr. 4)
Reminder:	Report on a	separate fine for each	i ciuss of securities		,			Person in this		requir	ed to re	espond ι		on containe form display		74 (9-02)
Reminder:	Report on a	separate fine for each	relass or securities		11) 0 11 110											
1. Title of Derivative	2. Conversion	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p	tive Secuts, call	urities s, war Numbe	s Acq	Person in this a curre quired, Dispos, options, co	orm are not notly valid Of sed of, or Be neertible sec cisable and ate	require MB con neficiall rities) 7. T of U	ed to retrol nutrol nut	espond umber.	8. Price of Derivative	9. Number of Derivative	10. Ownership	11. Natur
1. Title of	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transac Code	tive Secuts, call tion of Sec) Ac or of (In	urities s, war	er antive s l (A) seed	Person in this a curre quired, Dispos, options, co	orm are not notly valid Of sed of, or Be neertible sec cisable and ate	required III (III (III (III (III (III (III (II	ed to restrol nutrol nutrol	espond umber. ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transac Code	tive Secuts, call: 5.1 tion of Second (In	Number Deriva quired Dispose (D) str. 3,	er antive s l (A) seed	Person in this a curre quired, Dispos, options, co	orm are not notly valid Of sed of, or Be neertible sec cisable and ate	required III (III (III (III (III (III (III (II	ed to retrol nu dy Owne Title and Underlyin urities str. 3 and	espond umber. ed 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. Natu of Indire Benefici Ownersh

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PFENNIGER RICHARD C JR OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X				

Signatures

Steven D. Rubin, Attorney-in-Fact	07/27/2020
**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.