| FORM | 4 |
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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).     |

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

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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

| (Fint of Type Responses)                     |                                                                               |                                                                |                    |              |          |                                                |                                                                                                    |                                                                                                                                                     |                                                                                                        |                                                                            |                         |
|----------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|--------------|----------|------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------|
| 1. Name and Address of Ro<br>HSIAO JANE PH D | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>OPKO HEALTH, INC. [OPK] |                                                                |                    |              |          |                                                | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |                                                                                                                                                     |                                                                                                        |                                                                            |                         |
| (Last)<br>OPKO HEALTH, INC                   | TO ID DI UD                                                                   | 3. Date of Earliest Transaction (Month/Day/Year)<br>02/19/2021 |                    |              |          |                                                |                                                                                                    | XOfficer (give title below)         Other (specify below)           Vice Chairman & CTO                                                             |                                                                                                        |                                                                            |                         |
| MIAMI, FL 33137                              |                                                                               | 4. If Amendment, Date Original Filed(Month/Day/Year)           |                    |              |          |                                                |                                                                                                    | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |                                                                                                        |                                                                            |                         |
| (City)                                       | (State)                                                                       | (Zip)                                                          |                    | Table I - No | on-De    | erivative                                      | Securitie                                                                                          | ired, Disposed of, or Beneficially Owned                                                                                                            |                                                                                                        |                                                                            |                         |
| 1.Title of Security<br>(Instr. 3)            |                                                                               | 2. Transaction<br>Date<br>(Month/Day/Year)                     | Execution Date, if | (Instr. 8)   | ion<br>V | 4. Securi<br>(A) or Di<br>(Instr. 3,<br>Amount | sposed of<br>4 and 5)<br>(A) or                                                                    |                                                                                                                                                     | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Beneficial<br>Ownership |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) |            |                          |                                                             |      |   |                                |  |                            |                                                                |                 |                                     |      |                                                  |                                                                              |            |
|----------------------------------------------------------------|------------|--------------------------|-------------------------------------------------------------|------|---|--------------------------------|--|----------------------------|----------------------------------------------------------------|-----------------|-------------------------------------|------|--------------------------------------------------|------------------------------------------------------------------------------|------------|
| Security<br>(Instr. 3)                                         | Conversion | Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code | ) | 5. Number of 6<br>Derivative H |  | Expiration I<br>(Month/Day | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount                 |      | Securities<br>Beneficially<br>Owned<br>Following | Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | Beneficial |
|                                                                |            |                          |                                                             | Code | v | (A)                            |  | Exercisable                | Expiration<br>Date                                             | Title           | Amount<br>or<br>Number<br>of Shares |      | (Instr. 4)                                       | (Instr. 4)                                                                   |            |
| Stock<br>Option<br>(Right<br>to Buy)                           | \$ 4.81    | 02/19/2021               |                                                             | А    |   | 400,000                        |  | Û                          | 02/18/2031                                                     | Common<br>Stock | 400,000                             | \$ 0 | 400,000                                          | D                                                                            |            |

## **Reporting Owners**

|        | Relationships                                                                  |          |              |                     |       |  |  |  |
|--------|--------------------------------------------------------------------------------|----------|--------------|---------------------|-------|--|--|--|
|        | Reporting Owner Name /<br>Address                                              | Director | 10%<br>Owner | Officer             | Other |  |  |  |
| (<br>4 | HSIAO JANE PH D<br>DPKO HEALTH, INC.<br>400 BISCAYNE BLVD.<br>/IIAMI, FL 33137 | Х        |              | Vice Chairman & CTO |       |  |  |  |

### Signatures

 Steve D. Rubin, Attorney-in-Fact
 02/22/2021

 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 February 19, 2022.

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.