## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per respense	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

1 37	pe Response	-,														
1. Name and Address of Reporting Person * Lachman Prem A			2. Issuer Name and Ticker or Trading Symbol OPKO HEALTH, INC. [OPK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
				Date of Earliest Transaction (Month/Day/Year) /24/2021						c	Officer (give	title below)	Othe	(specify below	)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						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															
(Cit	ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Execu any	eemed tion Date, if	if Cod	ransaction e r. 8)	(A) or Disposed of		f (D) Owned		Amount of Securities Beneficially wned Following Reported ansaction(s) astr. 3 and 4)		. (	Ownership o Form:	Beneficial Ownership
					h/Day/Yea		ode V	A	(A) or Amount (D)		(Instr.			or (I)		
									valid OME				ınless the	ioiiii dispia	ys 	
													iniess the	ioiiii dispia	ys	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nu of De Secur	mber erivative rities ired (A sposed	a cur equired, Di ts, options, 6. Date Ex Expiration (Month/D	rrently isposed , conver xercisal n Date	of, or Bene tible securi	ficially ities)  7. Titl of Uno Security	Owned	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	10. Ownersh Form of Derivativ Security:	(Instr. 4)
Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transac Code	stion of De Security Acquired or Di of (Di (Insti	mber erivative rities ired (A sposed )	a cur equired, Di ts, options, 6. Date Ex Expiration (Month/D	rrently isposed , conver xercisal n Date	of, or Bene tible securi	ficially ities)  7. Titl of Uno Security	Owned le and Aderlyin rities	Amount	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	To 10. Ownersh Form of Derivativ Security: Direct (L or Indire	of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Nu of Do Security Acquor Di of (D	warran imber crivative crities ired (A sposed ) : 3, 4,	a cuired, Dits, options, 6. Date E: Expiration (Month/D)  Date Exercisab	isposed, conver xercisal n Date Day/Yea	of, or Bene tible securi	ficially ities)  7. Titl of Uno Security	Owner Owner le and Aderlyin ities . 3 and	Amount	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	To 10. Ownersh Form of Derivativ Security: Direct (L or Indire	of Indirect Beneficial Ownership (Instr. 4)

#### **Reporting Owners**

P ( 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lachman Prem A 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

#### **Signatures**

Steven D. Rubin, Attorney-in-Fact	06/25/2021
**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).

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.