## FORM 4

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

OMB APPROVAL						
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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* Yu Alice Lin-Tsing			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					
4400 BIS	st) SCAYNE 1	(First) BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021				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										_	roini inca by i	Tore than One i	ceporting rerson		
(Cit	y)	(State)	(Zip)			Т	able	I - Non-De	riva	ative Securities	s Acquired	, Disposed	of, or Benef	icially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	) any	tion Date	Date, if		e (.		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		O) Owned Following Reported Transaction(s) (Instr. 3 and 4) Ownership Form:  Ownership Form: Direct (D) or Indirect (I)		O Fe	wnership of orm: Be	eneficial
				(Month/Da		ay/Year)	Co	ode V	V Amount (D)		(Ins			Indirect (In	wnership nstr. 4)	
			Table II					a curr	ent pose	rm are not re ly valid OMB ed of, or Benef vertible securit	control i	number.	imess the	iorm display	5	
1. Title of Derivative Security (Instr. 3)	Conversion	on Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial	
				Code	V	(A)	(D)	Date Exercisable	e	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 3.77	06/24/2021		A		30,000		06/24/20	22	06/23/2031	Commo	1.50.000	\$ 0	30,000	D	

#### **Reporting Owners**

	D 4 0 N /	Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
4	Vu Alice Lin-Tsing 400 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.