

## FORM 3

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

## OMB APPROVAL

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hours per response... 0.5

## INITIAL STATEMENT OF 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 Type Responses)

|  |  |  |  |
|--|--|--|--|
| 1. Name and Address of Reporting Person <sup>*</sup><br>OPKO HEALTH, INC.<br>(Last) (First) (Middle)<br>4400 BISCAYNE BLVD.<br>(Street)<br>MIAMI, FL 33137<br>(City) (State) (Zip) | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>04/29/2022 | 3. Issuer Name and Ticker or Trading Symbol<br>Sema4 Holdings Corp. [SMFR] | 4. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)<br>____ Director ____X____ 10% Owner<br>____ Officer (give title below) ____ Other (specify below)<br>5. If Amendment, Date Original<br>Filed(Month/Day/Year)<br>6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>X_ Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person |
| Table I - Non-Derivative Securities Beneficially Owned   |  |  |  |

|  |   |  |  |
|--|---|--|--|
| 1. Title of Security<br>(Instr. 4)                 | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
| Class A Common Stock, par value \$0.0001 per share | 80,000,000  | D  |  |

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of<br>Securities Underlying Derivative<br>Security<br>(Instr. 4) | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |
|   | Date<br>Exercisable  | Expiration<br>Date   | Title  | Amount or Number of<br>Shares   |   |

## Reporting Owners

| Reporting Owner Name /<br>Address                           | Relationships |              |         |       |
|---|---------------|--------------|---------|-------|
|   | Director      | 10%<br>Owner | Officer | Other |
| OPKO HEALTH, INC.<br>4400 BISCAYNE BLVD.<br>MIAMI, FL 33137 |               | X            |         |       |

## Signatures

|   |                    |
|---|--------------------|
| /s/Steven D. Rubin, authorized signatory<br><sup>**</sup> Signature of Reporting Person | 05/09/2022<br>Date |
|---|--------------------|

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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.

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