

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response				

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 Respor	ises)								
Name and Address of Reporting Person* Zerhouni Elias A.		2. Date of Event Requiring Statement (Month/Day/Year) 05/09/2022			3. Issuer Name and Ticker or Trading Symbol OPKO HEALTH, INC. [OPK]				
4400 BISCAYNI	(First) E BLVD.	(Middle)	-		4. Relationship of Issuer		\ /	5. If Amendment, Date Original Filed(Month/Day/Year)	
MIAMI, FL 3313	(Street)				_X_ Director _X_ Officer (give tit below)	below)	Applicable I X Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
						Vice Chairman and President — Form fried by More than One P			
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)			В	Beneficially Owned (Instr. 4) (4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	0		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 (Instr. 4)	Security	an	2. Date Exercisable and Expiration Date Month/Day/Year)			d Amount of Underlying Derivativ	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			ate kercisable	Expiration Date	Title Amo	ount or Number of res	Security	(I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Zerhouni Elias A. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		Vice Chairman and President		

Signatures

Steven D. Rubin, Attorney-in-Fact	05/11/2022
**Signature of Reporting Person	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.

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.