FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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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

4 37	pe Response	*)													
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_ Director10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2022						Officer (giv	e title below)	Other	(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 S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year) any	tion Date,	if Cod	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		. Amount of Solve of	ing Reported	l C	Ownership	7. Nature of Indirect Beneficial
				(Mont	h/Day/Yea		ode V	Amou	(A) or	(I Price	(Instr. 3 and 4)		0	r Indirect (D) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Ownership Instr. 4)
							a cur				to respond I number.				
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1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., p) 4. Transac Code	5. Nu of De Secur	mber erivative rities ired (A sposed	cquired, Dists, options, 6. Date Expiration (Month/D	sposed of converting to the co	valid OME of, or Benef tible securi le and	ficially O ties) 7. Title of Unde Securiti	Owned and Amount erlying	8. Price of	9. Number of Derivative Securities Beneficially Owned	10. Ownershi Form of Derivative Security:	(Instr. 4)
Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	(e.g., p) 4. Transac Code	stion of De Security Acquired or Di of (Di (Insti	mber erivative rities ired (A sposed)	cquired, Dists, options, 6. Date Expiration (Month/D	sposed of converting to the co	valid OME of, or Benef tible securi le and	ficially O ties) 7. Title of Unde Securiti	Owned and Amount erlying ies	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ. Security: Direct (D or Indirec	of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p) 4. Transac Code	5. Nu of Do Security Acquor Di of (D	warran imber crivative crities ired (A sposed) : 3, 4,	cquired, Dists, options, 6. Date Expiration (Month/D) Date Exercisab	sposed (convert	valid OME of, or Benef tible securi le and	ficially O ties) 7. Title of Unde Securiti	Owned and Amount erlying ies	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivativ. Security: Direct (D or Indirec	of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

P (0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Yu Alice Lin-Tsing 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

Signatures

Steven D. Rubin, Attorney-in-Fact	07/15/2022
**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.