FORM 4

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

OMB APPRO	VAL					
OMB Number:	3235-0287					
Estimated average burden						
houre per reenonce	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	es)															
1. Name and Address of Reporting Person *- BARON ROBERT A				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					
(Last) (First) (Middle) 2401 INGLESIDE AVENUE, SUITE 1D				3. Date of Earliest Transaction (Month/Day/Year) 05/05/2016									e title below)		ner (specify bel	ow)	
(Street) CINCINNATI, OH 45206			4	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqui						Acquired,	ired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if any (Month/Day/Year)		Code	8) (1	Securities Acquir a) or Disposed of (astr. 3, 4 and 5) (A) or mount (D) Pr		of (D) Own Trans	Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
								contain form di uired, Dispo	ed in splay sed of	this forrs a curre	ently valid	required OMB co	to respon	d unless t		1474 (9-02)	
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tion	5. Numl	ber ive es ed	Expiration Date (Month/Day/Year) s of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4) D)		
				Code	v	(A)	(D)	Date Exercisable		iration e	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 9.75	05/05/2016		A		20,000		05/05/201	7 05/	04/2026	Common Stock	20,000	\$ 0	20,000	D		

Reporting Owners

D	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARON ROBERT A 2401 INGLESIDE AVENUE SUITE 1D CINCINNATI, OH 45206	X						

Signatures

Adam Logal, Attorney-In-Fact	05/05/2016
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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.