FORM	4

(Print or Type Perpense)

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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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

1. Name and Address of LERNER RICHARI	and Address of Reporting Person -       2. Issuer Name and Ticker or Trading Symbol         CR RICHARD A       Opko Health, Inc. [OPK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
OPKO HEALTH, IN	(First) C., 4400 BISCA	I DIE DI ID	3. Date of Earliest Transaction (Month/Day/Year) 05/05/2016					Officer (give title below) Officer (give title below)	ther (specify belo	ow)	
MIAMI, FL 33137		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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Ow	vned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D)				Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.											
				F	'erso	ons who	respon	id to t	he collection of information	SEC	1474 (9-02)

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 Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	ion	on of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivative (Month/Day		(Month/Day/	Vear) Underlying						Beneficial
· /	Price of		(Month/Day/Year)	(Instr. 8)	)	Securities S				-	Derivative	-			
	Derivative					Acquired			(Instr. 3 and 4)				2	(Instr. 4)	
	Security					(A) or	1 0						0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D) (Instr. 2	4						Transaction(s)	· · ·	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						and 5)	<b>-</b>		1						
											Amount				
								Date	Expiration		or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
C 41-						()	(-)								
Stock										C					
Option	\$ 9.75	05/05/2016		А		20,000		05/05/2017	05/04/2026	Common Stock	20,000	\$ 0	20,000	D	
(Right to										Stock	,				
Buy)															

## **Reporting Owners**

Demontine Original News (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LERNER RICHARD A OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	Х							

### 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, 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.