FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | | | | | | |

Check this box if no 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 *- Rubin Steven D | | | | 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) OPKO HEALTH, INC., 4400 BISCAYNE BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018 | | | | | | X Officer (give title below) Other (specify below) Executive VP-Administration | | | | elow) | | |
| (Street) 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) | | Tal | ole I - I | Non- | Deri | vative S | ecurities | Acqui | ired, Disp | osed of, or | Beneficially | Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year | | f Code (Instr. 8) | | ction | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficia | lly Owned I Transaction | y Owned Following ransaction(s) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | de | V | Amoun | (A) or (D) | Price | | | or Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common | Stock | | 03/07/2018 | | | P | • | | 6,000 | A | \$ 3.25 | 5,691,91 | .5 | | D | |
| Common Stock | | | | | | | | | | | 20,091,062 | | | I | See Footnote | |
| Reminder: indirectly. | Report on a | separate line f | or each class of secu | urities benefic | cially o | owned | ļ | Pers | ons wh | n this fo | rm ar | e not req | uired to re | nformation espond unl | ess | EC 1474 (9- 02) |
| | | | | Derivative Se 2.g., puts, cal | | | uire | d, Di | sposed o | of, or Ber | neficia | lly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 4. Transaction Date (Instr. 8) | | | of a | | and l | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | Ownership (Instr. 4) | | | |
| | | | | Code | V | (A) | | Date Exer | cisable | Expiratio Date | Title | or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Rubin Steven D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137 | X | | Executive VP-Administration | | | | |

Signatures

| Steven D. Rubin | 03/08/2018 |
|------------------------|------------|
| Signature of Reporting | 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).

These securities are owned directly by The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to the extent of any (1) pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.