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

| OMB APP | ROVAL |
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| DMB Number: | 3235-0287 |
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| ours per respon | se 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

| 1 Name a | ype Response |) | | | | | | | | | | | | |
|--|------------------------------------|--|---|--|---|---|-----------|---|-----------|---|------------------------|---|---|---|
| Name and Address of Reporting Person * Fishel Robert Scott | | | 2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK] | | | | 4 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| 4400 BIS | t) SCAYNE B | (First) BLVD. | (Middle) | 3. Date of Earlies 04/06/2018 | iest Transaction (Month/Day/Year) | | | | - | | r (give title belo | | Other (specify b | 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) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own | | | | Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Yea | f Code (Instr. 8 | Code (Instr. 8) | | | | ed 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4) | | Following | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | V | Amoun | (A) or (D) | Price | | | | or Indirect (Instr. 4) (I) (Instr. 4) | |
| Common | Stock | | 04/06/2018 | | P | | 10,000 | $\mathbf{A} = \begin{bmatrix} \mathbf{S} \\ \mathbf{A} \end{bmatrix}$ | S 3.16 | 4,011,42 | 28 | | I | See Footnote |
| Reminder: indirectly. | Report on a | separate line fo | or each class of secu | urities beneficially | owned dir | Pers | sons wh | n this for | m are | not req | uired to re | formation | ess | EC 1474 (9- 02) |
| | | | | Derivative Securit e.g., puts, calls, w | | ed, D | isposed (| of, or Beno | eficial | | | ntrol numb | er. | |
| Security (Instr. 3) | Conversion | onversion Date Exercise (Month/Day/Year) ince of erivative | | 4. Transaction | of | 5. Number of and Derivative (Mo Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | cisable on Date | | tle and ount of | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | |
| Security | Price of Derivative Security | (Monul/Day/ | | Code Year) (Instr. 8) | Securitie Acquired (A) or Disposed of (D) (Instr. 3, | S . | onth/Day | | Secu | erlying urities r. 3 and | Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction | Form of Derivati Security Direct (I or Indirect | Ownership (Instr. 4) |

Reporting Owners

| Donouting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Fishel Robert Scott 4400 BISCAYNE BLVD. MIAMI, FL 33137 | X | | | | | |

Signatures

| Adam Logal, Attorney-In-Fact | 04/09/2018 |
|---------------------------------|------------|
| **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).
- (1) These securities are held by ALSAR Ltd. Partnership, of which Dr. Fishel is the President and CEO. The general partner of ALSAR Ltd. Partnership is SARAL Corporation. Dr. Fishel is the sole shareholder and the sole and exclusive beneficiary of SARAL Corporation.

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 nu | mber. |
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