FORM 4

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

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

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

1 Name or		-/															
(Print or Type Responses) 1. Name and Address of Reporting Person *- LERNER RICHARD 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) 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2018									e title below)		ner (specify be	low)				
MIAMI, I	FL 33137	(Street)		4. If Am	endmen	, Date C	riginal	Filed(Month/Day	y/Year)		_X_ Fo	orm filed by	One Reporting	up Filing(Che Person Reporting Perso		Line)
(Cit	y)	(State)	(Zip)			Table	I - Nor	ı-Deri	vative S	ecuritie	s Acqu	ired, I	Disposed	of, or Ben	eficially Ow	ned	
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, in any (Month/Day/Year		, if Coo (Ins	(Instr. 8)		(Instr. 3, 4 and 5)		of (D)	of (D) Owned Follo		s)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(ode	V .	Amount	(A) or nount (D) Price				(I) (Instr. 4)	(111511. 4)		
Common	Common Stock 05/14/2		05/14/2018				M		45,000	A	\$ 3.43	45,00	00			D	
Common Stock		05/14/2018				F		32,291 (<u>1)</u>		\$ 4.78 (2)	12,70	09			D		
Common	Stock		05/14/2018				G	V	12,709	D	\$ 0	0				D	
Common	Stock		05/14/2018				G	V	12,709	A	\$ 0	178,8	.881			I	See Footnote (3)
Common	Stock											20,000			I	See Footnote	
			•					<u> </u>				<u> </u>					ļ
Reminder:	Report on a	separate line for eac	Table II -	Derivati	ve Secu	rities Ac	F c f	Persoi contai orm d	ns who ned in lisplays	this for a curi	rm are rently v	not re valid (equired OMB co	of inform to respor entrol num	d unless t		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivation (e.g., put 4.) Transact Code	ve Seculs, calls, 5. ction of De Ac (A Di (D (In	rities Ac warran Number rivative curities quired) or sposed o	quired es, opti 6. D Exp (Mo	Person contait orm d l, Disp ons, contained ate Ex iration	ns who ned in lisplays osed of, onvertible	this for a curr or Ben ble secure and	rm are rently verifies) 7. Tit Amor Under Security	y Own tle and ount of erlying	equired OMB co	to respondentrol numbers of 8. Price of	d unless t	of 10. Owner Form c Deriva Securit Direct or Indi	11. Nature of Indire Beneficitive Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code) (Instr. 8	ve Seculs, 5. stion of De Ac (A Di (In an	rities Ac warran Number rivative curities quired) or sposed c))	quired ss, opti	Person contai orm d l, Disp ons, co late Ex iration onth/Da	ns who ned in lisplays osed of, onvertibe ercisable Date ny/Year)	or Ben or Ben ole secur e and	rm are rently verifies) 7. Tit Amor Under Security	y Own tle and ount of erlying rities r. 3 and	equired OMB co	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owner Form of Deriva Securit Direct or Indi	11. Nature of Indire Beneficitive Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivation (e.g., put 4.) Transact Code	ve Seculs, calls, 5. ction of De Ac (A Di (D (In	rities Acwarran Number rivative curities quired) or sposed c) str. 3, 4, 15)	quired f quired f f f f f f Date Exert	Person contain orm disperson dispers	ns who ned in lisplays osed of, onvertibe ercisable Date ny/Year)	this for sa current or Ben ole secure and	rm are rently vertices) 7. Title Title Common are rently vertices) 7. Title	not revalid (y Own tle and unt of erlying rities r. 3 and	Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owner Form of Deriva Securit Direct or Indi	11. Nature of Indire Beneficitive Ownersh (Instr. 4)

Reporting Owners

B # 0 N /411	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	05/15/2018
**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) Represents number of shares withheld by the Company at the direction of the reporting person for the payment of exercise price. No shares of Common Stock were sold by the reporting person in connection with this transaction. The reporting person has retained the net number of shares issued upon the exercise of the option (12,709 shares).
- (2) Closing market price of the Company's common stock on the transaction date.
- $\textbf{(3)} \ \ Securites \ held \ by \ the \ Lerner \ Family \ Trust, \ Richard \ A \ \& \ Nicola \ G \ Lerner \ Trustees \ U/A \ Dated \ 11/14/1994.$
 - These securities are owned by Dr. Lerner's spouse and are held in the Nicola G. Lerner IRA account. The reporting person disclaims beneficial ownership of these securities, except to
- (4) the extent of any 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 any other purpose.
- (5) This option vested as follows: 8,333 shares on each of June 9, 2012 and June 9, 2013, and 8,334 shares on June 9, 2014.

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.