FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
stimated average burden					
ours per response	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 – Yu Alice Lin-Tsing (Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD.				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					
				3. Date of 06/21/20			nsact	tion (Month/I	Day/Year	r)			e title below)		r (specify below	v)
(Street) MIAMI, FL 33137				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					Acquired, 1	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Execution Date, if C			8) (A	Securities Acquired A) or Disposed of (D) nstr. 3, 4 and 5) (A) or mount (D) Price		(Instr	5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed (Ownership Form:	Beneficial Ownership			
								containe form dis uired, Dispos	ed in the plays a	is form a currer r Benefi	n are not r ntly valid icially Owr	equired OMB co	of inform to respon introl num	d unless th		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date (Month/Day/Year) Execution any (Month/	3A. Deemed Execution Date, if	4. Sif Transaction Code I (Instr. 8) Significant Code I (Instr. 8)		5. Number		s, options, convertibl 6. Date Exercisable Expiration Date (Month/Day/Year)		sable and 7. T te Am Und Section				9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect)
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ntion ,	Title	Amount or Number of Shares				
Stock Option											Common	20,000	\$ 0			

Reporting Owners

D	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Yu Alice Lin-Tsing OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

Signatures

Adam Logal, Attorney-In-Fact	06/22/2018
**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).

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

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.