FORM 4

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

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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* Cohen Jon R				2. Issuer Name and Ticker or Trading Symbol OPKO HEALTH, INC. [OPK]							mbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 4400 BISCAYNE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/10/2021								X Office	SVP OPK	O; Exec Cha	Other (specify be irman BRLI	elow)
(Street) MIAMI, FL 33137				4. If A	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)			Ta	able I	- Non	-Deri	ivative S	Securities	Acqu	ired, Disp	osed of, or I	Beneficially (Owned	
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da					ction	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	Beneficia	of Securities by Owned Following Fransaction(s)		Ownership Form:	7. Nature of Indirect Beneficial	
				(Month	Ionth/Day/Year			ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
Common	Stock		05/10/2021					P		50,000		\$ 3.81	125,000			D	
			Table II -					quire	conta the fo	ained in orm dis	n this for splays a of, or Ben	m are curre eficial	not requesting ntly valid	OMB conf	spond unle trol numbe		
l	ı										tible secu			1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da	ite, if T	if Transaction Code ar) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Secu	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficial Ownership (Instr. 4)	
				Code	Cada	V	(A)		Date Exer		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

D (O N /	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Cohen Jon R 4400 BISCAYNE BLVD. MIAMI, FL 33137	X		SVP OPKO; Exec Chairman BRLI						

Signatures

Steven D. Rubin, Attorney-in-Fact	06/01/2021		
**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.