Opko Health, Inc. Form 4 November 20, 2013

subject to

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16.

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Number:

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OMB APPROVAL

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type	Responses)						
1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL (Last) (First) (Middle)			suer Name an ol o Health, In	nd Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
			e of Earliest T	Transaction Transaction			
OPKO HEALTH, INC., 4400 BISCAYNE BLVD.			h/Day/Year) 9/2013		_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) CEO & Chairman		
	(Street)	4. If A	mendment, D	Date Original	6. Individual or Jo	oint/Group Filir	ng(Check
MIAMI, FI	L 33137	Filed(Month/Day/Yea	ar)	Applicable Line) Form filed by C _X_ Form filed by Person	One Reporting Per More than One Re	
(City)	(State)	(Zip)	able I - Non-	Derivative Securities Acq	quired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownership (Instr. 4)

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction	4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8) Code V	Amount	(A) or (D)	Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	11/19/2013		P	100	A	\$ 9.4397	137,096,659	I	See Footnote (1)
Common Stock	11/19/2013		P	2,300	A	\$ 9.44	137,098,959	I	See Footnote (1)
Common Stock	11/19/2013		P	300	A	\$ 9.4672	137,099,259	I	See Footnote (1)
Common Stock	11/19/2013		P	5,400	A	\$ 9.47	137,104,659	I	See Footnote

								<u>(1)</u>
Common Stock	11/19/2013	P	1,800	A	\$ 9.48	137,106,459	I	See Footnote
Common Stock	11/19/2013	P	300	A	\$ 9.509	137,106,759	I	See Footnote
Common Stock	11/19/2013	P	2,700	A	\$ 9.51	137,109,459	I	See Footnote
Common Stock	11/19/2013	P	3,000	A	\$ 9.52	137,112,459	I	See Footnote
Common Stock	11/19/2013	P	200	A	\$ 9.54	137,112,659	I	See Footnote
Common Stock	11/19/2013	P	3,800	A	\$ 9.55	137,116,459	I	See Footnote
Common Stock						15,490,546	I	See Footnote

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivativ	e		Securi	ities	(Instr. 5)
	Derivative				Securities	3		(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									A	
									Amount	
						Date	Expiration	TC:41	or	
						Exercisable	Date	Title	Number	
				G 1 1	7 (A) (D)				of	
				Code \	V (A) (D)				Shares	

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

SEC 1474

(9-02)

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FROST PHILLIP MD ET AL OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X	X	CEO & Chairman					
Frost Gamma Investments Trust 4400 BISCAYNE BLVD. MIAMI, FL 33137		X						
Signatures								
Phillip Frost, M.D., Individually a Trustee	and as	1:	1/20/2013					
**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).
- exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general partner of Frost Gamma L.P. is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. Dr. Frost is also the sole shareholder of Frost-Nevada Corporation. The reporting person disclaims beneficial ownership of these securities, except to 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 these securities for purposes of Section 16 or for any other purpose.

The securities are held by Frost Gamma Investments Trust, of which Phillip Frost M.D., is the trustee. Frost Gamma L.P. is the sole and

These securities are owned directly by The Frost Group, LLC. Frost Gamma Investments Trust is a principal member of The Frost Group, LLC. The reporting person disclaims beneficial ownership of these securities, except to 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 these 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.

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