Opko Health, Inc. Form 4 January 26, 2016

FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

Common

Stock

01/25/2016

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading FROST PHILLIP MD ET AL Issuer Symbol Opko Health, Inc. [OPK] (Check all applicable) (First) (Middle) 3. Date of Earliest Transaction (Last) (Month/Day/Year) _X__ Director X__ 10% Owner X_ Officer (give title Other (specify OPKO HEALTH, INC., 4400 01/25/2016 below) BISCAYNE BLVD. CEO & Chairman (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting **MIAMI, FL 33137** Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect Form: Direct (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Beneficial Ownership (Month/Day/Year) (Instr. 8) Owned (D) or Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) (Instr. 3 and 4) Code V Amount Price Common 3,068,951 D Stock See Common P 01/25/2016 100 158,784,343 Ι Footnote Stock (1) See Common 01/25/2016 P Footnote 1.645 Α \$ 7.87 158,785,988 Ι Stock (1)

P

1,855

Α

\$ 7.88 158,787,843

Ι

See

(1)

Footnote

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Edgar Filing: Opko Health, Inc. - Form 4

Common Stock	01/25/2016	P	4,102	A	\$ 7.94	158,791,945	I	See Footnote
Common Stock	01/25/2016	P	98	A	\$ 7.945	158,792,043	I	See Footnote
Common Stock	01/25/2016	P	1,200	A	\$ 7.95	158,793,243	I	See Footnote
Common Stock	01/25/2016	P	1,600	A	\$ 7.99	158,794,843	I	See Footnote (1)
Common Stock	01/25/2016	P	200	A	\$ 8	158,795,043	I	See Footnote
Common Stock	01/25/2016	P	2,100	A	\$ 8.01	158,797,143	I	See Footnote
Common Stock	01/25/2016	P	1,300	A	\$ 8.015	158,798,443	I	See Footnote
Common Stock	01/25/2016	P	5,600	A	\$ 8.02	158,804,043	I	See Footnote
Common Stock	01/25/2016	P	1,800	A	\$ 8.03	158,805,843	I	See Footnote
Common Stock	01/25/2016	P	700	A	\$ 8.055	158,806,543	I	See Footnote
Common Stock	01/25/2016	P	1,100	A	\$ 8.06	158,807,643	I	See Footnote
Common Stock	01/25/2016	P	1,800	A	\$ 8.08	158,809,443	I	See Footnote
Common Stock						20,091,062	I	See Footnote (2)

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

SEC 1474 (9-02)

Edgar Filing: Opko Health, Inc. - Form 4

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. Title and	d 8.	Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amount of	f De	erivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	g Se	curity	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Ir	nstr. 5)	Bene
	Derivative				Securities			(Instr. 3 an	nd 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								A	4		
									ount		
						Date	Expiration	or T'(1 N			
						Exercisable	Date		nber		
				G 1 17	(A) (D)			of			
				Code V	(A) (D)			Shai	res		

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	01	1/26/2016				

Explanation of Responses:

**Signature of Reporting Person

- * 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).
 - 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 exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general

Date

- (1) 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.
- (2) 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

Reporting Owners 3

Edgar Filing: Opko Health, Inc. - Form 4

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.