Opko Health, Inc. Form 4 November 14, 2016

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

OMB Number:

Issuer

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

**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

2. Issuer Name and Ticker or Trading

Opko Health, Inc. [OPK]

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

FROST PHILLIP MD ET AL

			_					(Cnec	ek ali applicable	;)	
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction						
			(Month/D	ay/Year)				_X_ Director	_X_ 10%		
ОРКО Н	EALTH, INC	C., 4400	11/10/2	016				_X_ Officer (give		er (specify	
BISCAYNE BLVD.								below) below) CEO & Chairman			
	(Street)		4. If Ame	ndment, Da	te Origina	ıl		6. Individual or Jo	oint/Group Filin	ng(Check	
			Filed(Mor	nth/Day/Year	)			Applicable Line)			
								Form filed by One Reporting Person			
MIAMI,	FL 33137							_X_ Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	m 11			C	•		e b e 1		
(===;)	(2)	( <del></del> -F)	Tabl	e I - Non-L	erivative	Secur	rities Acq	uired, Disposed of	t, or Beneficial	ly Owned	
1.Title of		ion Date 2A. De		3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day	· · · · · · · · · · · · · · · · · · ·	ion Date, if		on(A) or Disposed of (D)			Securities	Ownership	Indirect	
(Instr. 3)		any	/D /W )	Code (Instr. 3, 4 and 5)				Beneficially Form: Direct		Beneficial Ownership	
		(Monu	n/Day/Year)	(Instr. 8)				Owned (D) or Owner Following Indirect (I) (Instru			
								Reported	(Instr. 4)	(111311. 4)	
						(A)		Transaction(s)	(======================================		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				Code v	Amount	(D)	FIICE				
								3,068,951	D		
Stock											
<b>C</b>										See	
Common	11/10/201	16		P	1,800	A	\$ 9.43	160,333,243	I	Footnote	
Stock										(1)	
Common				_			\$			See	
Stock	11/10/201	16		P	500	A	\$ 9.445	160,333,743	I	Footnote	
Brook							J. 1 15			(1)	
										See	
Common	11/10/201	16		P	1,300	A	\$ 0.45	160,335,043	I	Footnote	
Stock	11/10/20	10		1	1,500	Α	ψ 7.43	100,555,045	1	(1)	
										<u>(-)</u>	

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Common Stock	11/10/2016	P	100	A	\$ 9.475	160,335,143	I	See Footnote (1)
Common Stock	11/10/2016	P	1,600	A	\$ 9.48	160,336,743	I	See Footnote (1)
Common Stock	11/10/2016	P	3,800	A	\$ 9.49	160,340,543	I	See Footnote (1)
Common Stock	11/10/2016	P	100	A	\$ 9.495	160,340,643	I	See Footnote (1)
Common Stock	11/10/2016	P	900	A	\$ 9.505	160,341,543	I	See Footnote (1)
Common Stock	11/10/2016	P	900	A	\$ 9.51	160,342,443	I	See Footnote (1)
Common Stock	11/10/2016	P	896	A	\$ 9.6	160,343,339	I	See Footnote
Common Stock	11/10/2016	P	904	A	\$ 9.61	160,344,243	I	See Footnote (1)
Common Stock	11/11/2016	P	1,800	A	\$ 9.24	160,346,043	I	See Footnote (1)
Common Stock						20,091,062	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.

SEC 1474 (9-02)

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

Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or	(Month/Day/Year) e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	

Disposed of (D) (Instr. 3, 4, and 5)

Code V (A) (D) Date Exercisable

Expiration Title Amount Date

Number

of Shares

# **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	nd as	1.1	1/14/2017					

Trustee

11/14/2016

\*\*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).

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

- 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.
- 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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