Opko Health, Inc. Form 4
January 17, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

OMB APPROVAL

OMB Number: 3235-0287

Expires: 2005
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January 31,

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5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or Form 5

Form 4 or
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

(Print or Type Responses)

1. Name and Address of Reporting Person *

1(b).

| BEIER THOMAS E | | | | Symbol Opko Health, Inc. [OPK] | | | | | (Check all applicable) | | | |
|---|------------------------------|------|--|---|---------|------|--------------------------------------|------------------|---|--|--|------------------|
| (Last) (First) (Middle) OPKO HEALTH, INC., 4400 BISCAYNE BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017 | | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | | |
| | (Street) | | | 4. If Ame Filed(Mon | | | te Original | | | 6. Individual or J Applicable Line) _X_ Form filed by | One Reporting Pe | erson |
| MIAMI, FL | (State) | (Z | iip) | Tobl | a I. Na | . D | omirrotivo S | ار ان میسان | tian Ann | Person uired, Disposed o | More than One Re | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Ye | ear) | 2A. Deem Execution any (Month/D | ed Date, if | 3. | ctio | 4. Securitin(A) or Dis (Instr. 3, 4) | ies Ac sposed | quired of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | • |
| Common Stock | 01/13/2017 | | | | M | | 20,000 | A | \$ 2.05 | 60,000 | D | |
| Common Stock | | | | | | | | | | 130,227 | I | See Footnote (1) |

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

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SEC 1474

(9-02)

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of tiorDerivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Y | e | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|---|--------|---|--------------------|---|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 2.05 | 01/13/2017 | | M | | 20,000 | 05/27/2011 | 05/26/2017 | Common Stock | 20,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| BEIER THOMAS E | | | | | | | |
| OPKO HEALTH, INC. | X | | | | | | |
| 4400 BISCAYNE BLVD. | Λ | | | | | | |
| MIAMI, FL 33137 | | | | | | | |

Signatures

Adam Logal, 01/17/2017 Attorney-In-Fact

**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).
- (1) Securites held by the Thomas E. Beier and Evelyn M. Beier Trust FBO Thomas E. Beier Trust.

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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