#### FROST PHILLIP MD ET AL

Form 4 May 23, 2018

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

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

Check this box

obligations may continue. See Instruction

1. Name and Address of Reporting Person \*

FROST PHILLIP MD ET AL

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)

|   |                                     |              | Opko Health, Inc. [OPK]                                     |   |   |        |            | (Check all applicable)   |  |   |  |  |
|---|-------------------------------------|--------------|---|---|---|--------|------------|--|--|---|--|--|
| (Last) (First) (Middle)  OPKO HEALTH, INC., 4400 BISCAYNE BLVD. |                                     |              | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2018 |   |   |        |            | _X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) CEO & Chairman                            |  |   |  |  |
| (Street)  |                                     |              | 4. If Ame   | 4. If Amendment, Date Original          |   |        |            |  | 6. Individual or Joint/Group Filing(Check                |   |  |  |
| MIAMI, FL 33137   |                                     |              | Filed(Month/Day/Year)                                       |   |   |        |            | Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person               |  |   |  |  |
| (City)  | (State)                             | (Zip)        | Tab   | le I - Non-D                            | erivative S                                 | Securi | ities Acc  | quired, Disposed o   | f, or Beneficial   | lly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                            | 2. Transaction Da<br>(Month/Day/Yea | r) Execution | emed<br>on Date, if<br>Day/Year)                            | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securit<br>on(A) or Dis<br>(Instr. 3, 4) | sposed | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock   |                                     |              |   |   |   |        |            | 3,068,951  | D  |   |  |  |
| Common<br>Stock   | 05/22/2018                          |              |   | P                                       | 10,000                                      | A      | \$<br>3.73 | 3,796,951  | I  | See Footnote  |  |  |
| Common<br>Stock   |                                     |              |   |   |   |        |            | 164,234,443  | I  | See Footnote (2)  |  |  |
| Common<br>Stock   |                                     |              |   |   |   |        |            | 20,091,062   | I  | See Footnote (3)  |  |  |

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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)

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

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. Tit  | le and     | 8. Price of | 1 |
|-------------|-------------|---------------------|--------------------|-----------|-----------------|---------------|-------------|---------|------------|-------------|---|
| 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   | rlying     | Security    |   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8 | ) Derivativ     | e             |             | Secur   | ities      | (Instr. 5)  | į |
|             | Derivative  |                     |                    |           | Securities      | ;             |             | (Instr. | . 3 and 4) |             |   |
|             | Security    |                     |                    |           | Acquired        |               |             |         |            |             | 1 |
|             |             |                     |                    |           | (A) or          |               |             |         |            |             | 1 |
|             |             |                     |                    |           | Disposed        |               |             |         |            |             |   |
|             |             |                     |                    |           | of (D)          |               |             |         |            |             |   |
|             |             |                     |                    |           | (Instr. 3,      |               |             |         |            |             |   |
|             |             |                     |                    |           | 4, and 5)       |               |             |         |            |             |   |
|             |             |                     |                    |           |                 |               |             |         | <b>A</b>   |             |   |
|             |             |                     |                    |           |                 |               |             |         | Amount     |             |   |
|             |             |                     |                    |           |                 | Date          | Expiration  | m: .1   | or         |             |   |
|             |             |                     |                    |           | Exercisable Dat | Date          | Title       | Number  |            |             |   |
|             |             |                     |                    | ~         |                 |               |             |         | of         |             |   |
|             |             |                     |                    | Code \    | (A) (D)         |               |             |         | Shares     |             |   |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                |       |  |  |  |  |
|---|---------------|-----------|----------------|-------|--|--|--|--|
| 1 8   | Director      | 10% Owner | Officer        | Other |  |  |  |  |
| FROST PHILLIP MD ET AL<br>OPKO HEALTH, INC.<br>4400 BISCAYNE BLVD.<br>MIAMI, FL 33137 | X             | X         | CEO & Chairman |       |  |  |  |  |
| Frost Nevada Investments Trust<br>4400 BISCAYNE BLVD.<br>MIAMI, FL 33137              |               | X         |                |       |  |  |  |  |
| <b>^</b> : .  |               |           |                |       |  |  |  |  |

### **Signatures**

Phillip Frost, M.D., Individually and as Trustee 05/23/2018

\*\*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).

These securities are held by Frost Nevada Investments Trust, of which the Reporting Person is the trustee and Frost-Nevada, L.P. is the sole and exclusive beneficiary. The Reporting Person is one of five limited partners of Frost-Nevada, L.P. and the sole shareholder of

(1) Frost-Nevada Corporation, the sole general partner of Frost-Nevada, L.P. 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.

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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.