Opko Health, Inc. Form 4 January 26, 2016

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

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

(City)

(State)

(Zip)

1. Name and Addr BARON ROBI		ng Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol Opko Health, Inc. [OPK]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
			(Month/Day/Year)	X Director 10% Owner		
2401 INGLESIDE AVENUE, SUITE 1D			01/22/2016	Officer (give title Other (specify below)		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
CINCINNATI, OH 45206			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I. Non Designative Securities Acquired Disposed of an Peneficially Owned

(City)	(State)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed o	f, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following	(D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	01/22/2016		M	5,000	A	\$ 0.41	300,812	D	
Common Stock	01/22/2016		M	5,000	A	\$ 0.39	305,812	D	
Common Stock	01/22/2016		M	20,000	A	\$ 1.54	325,812	D	
Common Stock	01/22/2016		F	4,224 (1)	D	\$ 8.24 (2)	321,588	D	

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

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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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 0.41	01/22/2016		M		5,000	04/03/2006	04/02/2016	Common Stock	5,000
Stock Option (Right to Buy)	\$ 0.39	01/22/2016		M		5,000	07/03/2006	07/03/2016	Common Stock	5,000
Stock Option (Right to Buy)	\$ 1.54	01/22/2016		M		20,000	06/10/2010	06/09/2016	Common Stock	20,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BARON ROBERT A 2401 INGLESIDE AVENUE SUITE 1D CINCINNATI, OH 45206	X					
Signatures						

## Signatures

Adam Logal,	01/26/2016			
Attorney-In-Fact	01/20/2010			
**Signature of Reporting Person	Date			

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## **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).
- Represents number of shares withheld by the Company at the direction of the reporting person for the payment of exercise price. No
- (1) shares of Common Stock were sold by the reporting person in connection with this transaction. The reporting person has retained the net number of shares issued upon the exercise of the option (25,776 shares).
- (2) Closing market price of the Company's common stock on the transaction date.

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.