FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* HSIAO JANE PH D						2. Issuer Name and Ticker or Trading Symbol Opko Health, Inc. [OPK]									Relationship of Reporting Person(s) to Issi (Check all applicable) X Director 10% Own				
(Last)	(Fire	,		3. Date of Earliest Transaction (Month/Day/Year) 05/11/2017									belov	er (give title w) Vice Chairman		belov	r (specify v)		
4400 BIS		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) MIAMI	FL	FL 33137				05/12/2017									X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Year) if	Execution Date,			3. Transac Code (li 8)		4. Securition Disposed and 5)				es ially	Forn (D) o	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	Price	Re Tr	eporte ansac			1. 4)	(msu. 4)
Common	7(1)				P ⁽¹⁾		10,000	A	\$6.9	92	4,667,404				See Footnote ⁽²⁾				
Common	7(1)				P ⁽¹⁾		10,000	A	\$6.9	3 4,67		77,404			See Footnote ⁽²⁾				
Common											24,71	13,133		D					
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)	rivative curity or Exercise Price of Derivative Security Date (Month/Day/Year) Month/Day/Year Facution Date, if any (Month/Day/Year)			Code (I	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe of Title Shares		of Deriv Secur (Instr	8. Price of derivative Security (Instr. 5) General Reporte Transac (Instr. 4)		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Explanation of Responses:

- 1. The securities were erroneously reported as being purchased by the reporting person and owned directly on a Form 4 filed on May 12, 2017. The securities were purchased by Hsu Gamma Investment, L.P. and are owned indirectly by the reporting person. This Form 4 corrects the name and ownership of the securities. No other information has changed.
- 2. The securities are owned directly by Hsu Gamma Investment, L.P. Dr. Hsiao is the general partner of Hsu Gamma Investment, 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 the securities for purposes of Section 16 or for any other purpose.

Remarks:

Adam Logal, Attorney-In-Fact 02/05/2019

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.