

Opko Health, Inc.
Form 3/A
March 19, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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)

<p>1. Name and Address of Reporting Person *</p> <p>Reich Michael</p> <p>(Last) (First) (Middle)</p> <p>4400 BISCAYNE BOULEVARD, SUITE 1180</p> <p>(Street)</p> <p>MIAMI, FL 33137</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/27/2007</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Opko Health, Inc. [OPK]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>03/29/2007</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	---	---	---	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	359,566	D	^

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

SEC 1473 (7-02)

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.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Edgar Filing: Opko Health, Inc. - Form 3/A

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Warrant (Right to Buy)	Â (1)	03/27/2017	Common Stock	10,901	\$ 0.6728	D	Â
Warrant (Right to Buy)	Â (1)	03/27/2017	Common Stock	10,901	\$ 0.8473	D	Â
Warrant (Right to Buy)	Â (1)	03/27/2017	Common Stock	10,901	\$ 1.0466	D	Â
Stock Option (Right to Buy)	Â (2)	12/11/2013	Common Stock	62,273	\$ 0.04	D	Â
Stock Option (Right to Buy)	Â (2)	11/08/2014	Common Stock	25,947	\$ 0.04	D	Â
Stock Option (Right to Buy)	Â (2)	02/15/2015	Common Stock	103,788	\$ 0.04	D	Â
Stock Option (Right to Buy)	Â (3)	02/28/2016	Common Stock	155,682	\$ 0.05	D	Â

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Reich Michael
 4400 BISCAYNE BOULEVARD, SUITE 1180
 MIAMI, FL 33137

Â X Â Â Â

Signatures

/s/ Adam Logal,
 attorney-in-fact

03/19/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) These warrants are currently exercisable.
- (2) These options are fully vested.
- (3) 56,219 of these options are fully vested. The balance will vest monthly until fully vested in December 2009.

Â

Remarks:

All securities described were acquired in a merger transaction between Acuity Pharmaceuticals, Inc. and

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.