FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL

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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

1. Name and Address of Reporting Person* Opko Health, Inc.					2. Issuer Name and Ticker or Trading Symbol Sevion Therapeutics, Inc. [SVON]									ationship of I k all applicat Director	ole)	Person X	10% Ow	vner	
(Last) 4400 BIS	(Fi	irst) LVD.		3. Date of Earliest Transaction (Month/Day/Year) 08/10/2017												Other (s _l below)	pecify		
(Street) MIAMI FL 33137 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		T;	able I - Noi	n-Deriva	ative S	ecu	rities Ac	quired,	Dis	posed c	of, or Be	nefici	ally (Owned					
1. Title of Security (Instr. 3)			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			or and 5) 5. Amount Securities Beneficiall Owned Fo		Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) (D)	or Pri	ce	Reported Transaction (Instr. 3 and				Instr. 4)	
Common Stock 0				08/10/	1/2017		C ⁽¹⁾		1,563,	123 A	۹ ا	50.1	12,080,139		D				
Common	Stock			08/10/	2017			C ⁽²⁾		2,563,6	699 A	1 1	50.1	14,643,838 D					
			Table II -				ties Acq warrants							wned		,			
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/Yea	Code	e, Transaction Code (Instr.		umber of ivative urities uired (A) bisposed D) (Instr. 3, ad 5)	6. Date Exercisable a Expiration Date (Month/Day/Year)		•	7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4)		ying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour Numbe Shares	er of		(Instr. 4)				
Convertible Promissory Note ⁽³⁾	\$0.1	08/10/2017		C ⁽¹⁾			\$150,000	11/10/201	6 1	11/10/2017	Common Stock	1,500	,000	\$0.00	0		D		
Convertible Promissory	\$0.1	08/10/2017		C ⁽²⁾			\$250,000	02/24/201	7 (08/24/2017	Common	2,500	,000,	\$0.00	0		D		

Explanation of Responses:

- 1. Pursuant to the terms of the Convertible Note, the Reporting Person acquired (i) 1,500,000 shares of Common Stock upon conversion of \$150,000 in principal amount of the Convertible Note, and (ii) 63,123 shares of Common Stock in accrued and previously unpaid interest thereon (\$6,312.33).
- 2. Pursuant to the terms of the Convertible Note, the Reporting Person acquired (i) 2,500,000 shares of Common Stock upon conversion of \$250,000 in principal amount of the Convertible Note, and (ii) 63,699 shares of Common Stock in accrued and previously unpaid interest thereon (6,369.86).
- 3. The derivative security was previously subject to a "blocker" pursuant to which the reporting person was unable to convert the derivative security to the extent such conversion would result in the reporting person owning more than 4.99%.

Remarks:

Adam Logal, Chief Financial

08/14/2017

Officer

** 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.