FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

States (Mon	tement onth/Day/Year)		3. Issuer Name and Ticker or Trading Symbol BIOZONE PHARMACEUTICALS, INC. [BZNE]				
(Middle) 4400			Person(s) to I (Check	ssuer all applicable)	Filed(M	5. If Amendment, Date Original Filed(Month/Day/Year)	
			Officer (gi		6. Indiv Filing(C _X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line)X_Form filed by One Reporting Person Form filed by More than One Reporting	
ip)	Ta	able I - No	n-Derivati	ve Securitie	s Beneficially	y Owned	
Instr. 4) Bend		neficially O		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			
	4,:	I See Footnote (1)			, (1)		
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1. Title of Derivative Security 2. Date Exercisable		3. Title and Amount of		4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exercisable	^	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
		Common	5,496,654	s (2)		See Footnote (3)	
i .	stater (Mon 03/1") ip) ne for each classes respond to trespond unler 2. Date Exe and Expirati (Month/Day/Ye Date	Statement (Month/Day/Yea 03/17/2014 ip) Ta 2. Be (Ir respond to the collection respond unless the form Securities Beneficially (2. Date Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) 03/17/2014 Table I - No 2. Amount of Seneficially O (Instr. 4) 4,545,993 Tespond to the collection of inform respond unless the form displays a Securities Beneficially Owned (e.g., 12) 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date (Instr. 4) Date Expiration Exercisable and Expiration Date (Instr. 4) Date Expiration Date (Instr. 4)	Statement (Month/Day/Year) 03/17/2014 4. Relationsh Person(s) to I (CheckXDirectorOfficer (gititle below) 2. Amount of Securities Beneficially Owned (Instr. 4) 4,545,993 Tespond to the collection of information containespond unless the form displays a currently variespond unless the form displays a curre	Statement (Month/Day/Year) O3/17/2014 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give title below) 2. Amount of Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Other (title below) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4,545,993 I Tespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond to the collection of information contained in this forespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form displays a currently valid OMB contespond unless the form	Statement (Month/Day/Year) Oscillation Oscillation	

Reporting Owners

Paparting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HSIAO JANE PH D OPKO HEALTH, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137	X					

Signatures

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).
 - These securities are owned directly by The Frost Group, LLC, of which the reporting person is a member. The reporting person
- (1) 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.
- Represents approximately 26,802 shares of Series B preferred stock. The Series B shares automatically convert into 205.08308640 (2) shares of Common Stock when the issuer increases its authorized capital to enable all of the outstanding Series B holders to convert. The Series B shares were issued on January 2, 2014 and do not expire.
- The securities are owned directly by Hsu Gamma Investment, L.P., of which the reporting person is the general partner. The reporting (3) 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.

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.