FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

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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 | nd Address of DINO ST | Reporting Person | • | | | | | | er or Tr | | | | | (Check | k all app Direc | , | ng Pei | rson(s) to Is 10% Ov Other (s | wner |
|--|---|------------------|--------------------|--|------|---|---------------------------|--|----------|--|-------------|---|-------|--|--|--------------------------------------|--|---------------------------------------|-------------------------------------|
| l | (Fii NRY SCHE RYEA ROA | IN, INC. | Middle) | | 03/0 | 6/202 | 20 | | | | /Day/Year) | | | X | belov EVI | y) " P, Chief Fi | | below) | r |
| (Street) MELVII (City) | | ate) (| Zip) | | | | | | | | d (Month/Da | | | Line) X | Form Form Perso | | e Rep | orting Pers | on |
| 1. Title of Security (Instr. 3) | | | 2. Transac Date | . Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | or 5. Amo 4 and Securi Benefi Owned | | ount of ties cially I Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Report Transa (Instr. : | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock, par | value \$0.01 per | share | 03/06/2 | 2020 | | | | D | | 2,321 | D | \$ | 0.00 | 16 | 4,155 | | D | |
| Common | Stock, par | value \$0.01 per | share | 03/06/2 | 2020 | | | | F | | 4,605(1) | Г | \$ | 57.69 | 15 | 9,550 | | D | |
| Common | Stock, par | value \$0.01 per | share | | | | | | | | | | | | 6 | ,688 | | I | by 401(k) plan ⁽²⁾ |
| 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disport of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | | te Am Sear) Sea Un De Sea | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Exercis | able | Date | Title | Share | s | | | | | |

Explanation of Responses:

- 1. Represents the surrender of shares to the Issuer to satisfy the reporting person's tax withholding obligation upon the vesting of the reporting person's March 6, 2017 grant of performance-based restricted
- 2. Reflects the reporting person's interest in equivalent shares of Henry Schein common stock held by the unitized stock fund in the Henry Schein, Inc. 401(k) Savings Plan (the "Plan"). The unitized stock fund consists of Henry Schein common stock and cash or cash equivalents. The number of shares attributed to the reporting person as a participant in the Plan and expressed as equivalent shares has been calculated based on the closing price of Henry Schein common stock on March 6, 2020.

Remarks:

/s/ Jennifer Ferrero (as Attorney-in-Fact for Steven 03/10/2020 Paladino)

** 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.