FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549
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STATEMENT	OF	<b>CHANGES</b>	IN E	BENEFICIAL	OWNERSHIP	)

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b) or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Margulies Anne H.</u>					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [ HSIC ]								(Che	elationship ceck all applic	able)	g Pers	on(s) to Issu 10% Ov	
(Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	Officer (give title below)  Other (specify below)  6. Individual or Joint/Group Filing (Check Applicable				
(Street)  MELVILLE  (City)	E NY (State		747 p)						Ü		, ,	ŕ	Line	Y Form fi	led by Mor		orting Persor	
		Table	e I - Nor	n-Deriv	ative	Seci	urities	Acq	uired,	Disp	osed of	, or Ben	eficially	/ Owned				
1. Title of Security (Instr. 3)		Date	Date Month/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amour Securities Beneficia Owned F	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)	
Common St	ock, par val	lue \$0.01 per sha	ire									13,897			D			
		Та									sed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any		n Date,	Code (Ins		ion of		6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom Stock	(1)	03/26/2021			A		428 <sup>(2)</sup>		(3)		(3)	Common Stock, par value \$0.01 per share	428	\$0.00	4,739 <sup>0</sup>	(4)	D	

## **Explanation of Responses:**

- 1. Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock.
- 2. Represents the number of shares of phantom stock credited to the reporting person's phantom stock account pursuant to the Issuer's Non-Employee Director Deferred Compensation Plan (the "Plan"), representing an exempt transaction under the Plan. The number of shares of phantom stock credited to the reporting person's phantom stock account is determined by dividing the amount of deferred eligible director fees by the closing price of a share of Issuer common stock on the award date.
- 3. The balance in the reporting person's phantom share account is distributed to the reporting person in Issuer common stock following the termination of the reporting person's directorship, the reporting person's death or disability or a change of control of the Issuer.
- 4. Represents the aggregate number of shares of phantom stock allocated to the reporting person under the Plan as of the award date based on the closing price of a share of the Issuer's common stock on the award date.

## Remarks:

/s/ Jennifer Ferrero (as Attorney-in-Fact for Anne H.

03/29/2021

Margulies)

\*\* 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.