FORM 4

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

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* SULLIVAN LOUIS W			2. Issuer Name <b>and</b> Ticker or Trading Symbol HENRY SCHEIN INC [ HSIC ]								(Che	ck all applic	tionship of Reporting Person(s) to Issu all applicable)					
(Last) C/O HENR	(First	) (M	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015								Officer (give title below)			10% Owner Other (specify below)		
135 DURYEA ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) MELVILLI	E <b>NY</b>	11	747	,										X Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1
(City)	(State	e) (Zi	p)											. 0.00				
		Table	e I - Non	n-Deriv	ative	Secu	ırities	Acq	uired,	Dis	osed of	, or Ben	eficially	/ Owned				
Da			2. Trans Date (Month/I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)			es Acquired Of (D) (Insti		nd Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.01 per share					19,408		408		D									
		Та									sed of, onvertib			Owned				
L. Title of Derivative Security Instr. 3)  2. Conversion or Exercise Price of Derivative Security    Operivative Security   Operivative S		n Date,	Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom Stock	(1)	09/30/2015			A		135 <sup>(2)</sup>		(3)		(3)	Common Stock, par value \$0.01 per share	135	\$0.00	10,600	)(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 stock 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 10/01/2015 Attorney-in-Fact for Louis W. Sullivan)

\*\* 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.