Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFIC	IAL OWNERSHIP

OMB APPROVAL									
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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

Name and Address of Reporting Person* <u>Margulies Anne H.</u>					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]									k all applic Directo	tionship of Reporting all applicable) Director		10% Ov	ner	
(Last) C/O HENR		,	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/24/2021								Officer below)	(give title		Other (s	specify		
(Street) MELVILLE (City)			747 p)		4. If A	Ameno	dment, Da	ate of	Original	Filed	(Month/Day	r/Year)		6. Ind Line) X	Form fi	led by One led by Mor	e Repo	(Check Apporting Person One Report	n
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			2. Trans Date (Month/I	saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction [4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s lly ollowing	Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Pr	ice	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common Stock, par value \$0.01 per share													13,897			D			
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		n Date,	4. Transaction Code (Instr. 8)		on of I		6. Date Exercisi Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code					Expiration Date	Title	or Nur of	ount mber ares							
Deferred Compensation Plan Phantom Stock	(1)	09/24/2021			A		344 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per share	3	44	\$0.00	5,440 ⁰	(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.

09/27/2021

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.