FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DAVID LEONARD A						2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								Officer (give title Oth			Issuer Owner	
(Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2009								X	belo	w) ``	below President, CC)	
(Street) MELVILLE NY 11747					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate)	(Zip)															
		Tab	le I - No	n-Deriva	ative S	ecuriti	ies Ac	quired,	Dis	posed o	f, or	Bene	ficially	Own	ed			
				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				ount of ities icially d Following	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	03/09/	2009			A		9,294(1)	A	\$0.00	2	2,317	D		
Common	Stock, par	value \$0.01 per	share												1,200	I	By Spouse as Trustee for Child	
Common	Stock, par	value \$0.01 per	share												1,200	I	By Spouse as Trustee for Child	
Common Stock, par value \$0.01 per share												2,936		I	By 401(k) Plan			
		Т	able II - I							sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Jace Execution ty or Exercise (Month/Day/Year)			ed 4.		5. Number of		6. Date E Expiratio	6. Date Exercis Expiration Date (Month/Day/Yea		7. Ti Amo Secu Und Deri Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	ber					

Explanation of Responses:

1. Grant of restricted stock pursuant to the Issuer's 1994 Stock Incentive Plan, as amended. Sixty-five percent of such restricted stock will vest subject to (i) the Issuer's achievement of a specified performance goal and (ii) the reporting person's continued performance of services for the Issuer, and thirty-five percent of such restricted stock will vest subject to (i) the response of a specified period of time and (y) the reporting person's continued performance of services for the Issuer. And thirty-five percent of such restricted stock will vest subject to (x) the passage of a specified period of time and (y) the reporting person's continued performance of services for the Issuer. With respect to the performance-based restricted stock, if the continued service requirement is satisfied and achievement of the performance goal exceeds 100% of the target, the Issuer may issue the reporting person additional vested shares of common stock in an amount that corresponds to the incremental percentage of the performance achieved in excess of 100% of the goal.

Remarks:

/s/ Leonard A. David

03/11/2009

** 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.