FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UIVID APP	RUVAL
OMB Number:	3235-02

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

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

1. Name and Address of Reporting Person* <u>SULLIVAN LOUIS W</u>					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [ HSIC ]								(Ch	elationship of ack all applications of the contractions of the con	,		on(s) to Iss	
(Last) C/O HENR		,	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2015									Officer (give title below)		Other (below)	specify
(Street) MELVILLE (City)			747 p)		4. If <i>F</i>	Line) X Form filed by O										up Filing (Check Applicable ne Reporting Person ore than One Reporting		n
		Table	e I - Nor	1-Deriv	ative	Sec	urities	Acq		Dis	posed of	, or Ben	eficiall	y Owned				
			2. Trans Date (Month/I	Saction 2A. Deemed Execution Date if any (Month/Day/Year)		Date,	Code (Instr.					5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form	nership : Direct r Indirect str. 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,	19,408		D		
		Та						•			osed of, onvertib		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 au	f g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	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)	03/31/2015			A		118 <sup>(2)</sup>		(3)		(3)	Common Stock, par value \$0.01 per	118	\$0.00	10,331	1 <sup>(4)</sup>	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 04/01/2015 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.