FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	S IN E	BENEFI	CIAL	OWNE	ERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
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* <u>ALI MOHAMAD</u>						2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]									k all application	r		10% Owner	
(Last) C/O HENR		•	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/25/2021										Officer below)	(give title		Other (s below)	specify
(Street) MELVILLE (City)			747 o)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I				action 2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed	ties Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amoun Securities Beneficia Owned Fo Reported	s lly ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D) Pi		се	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common Stock, par value \$0.01 per share						T									3,790			D	
		Та									sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)			Transaction of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)				9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
Deferred Compensation Plan Phantom Stock	(1)	06/25/2021			A		329 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per share	32	.9	\$0.00	549 ⁽	1)	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 Mohamad 06/29/2021 <u>Ali)</u>

** 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.