FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

1. Name and Address of Reporting Person* Rekow E Dianne					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								elationship o eck all applic Directo	,		on(s) to Issu 10% Ov	
(Last) C/O HENR 135 DURY		,	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017								Officer below)	(give title		Other (s below)	pecify
(Street) MELVILLE (City)			747 p)	4. If A	Ameno	dment, Da	ate of	Original I	Filed	(Month/Day	/Year)	Line	Form fi	led by One led by Mo	e Repo	(Check Apporting Person	1
		Table	l - Non-Der	vative	Sec	urities	Aca	uired.	Dist	oosed of	. or Ben	eficially	/ Owned				
1. Title of Security (Instr. 3)		2. Tra	2. Transaction 2/Date E:		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securiting Disposed Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Followin		Form	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, par value \$0.01 per share													5,2	274		D	
		Та	ble II - Deriv (e.g.,							osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execu (Month/Day/Year) if any	3A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Transaction Code (Instr. 8)				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 derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom	(1)	06/30/2017		A		132 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per	132	\$0.00	1,520	(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 E. Dianne 07/05/2017 Rekow, DDS, Ph.D.)

** 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.