## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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

1. Name and Address of Reporting Person*  BERGMAN STANLEY M					2. Issuer Name <b>and</b> Ticker or Trading Symbol SCHEIN HENRY INC [ HSIC ]										5. Relationsh (Check all ap X Dire				erson(s) to Is		
	(Fii NRY SCHEI	IN, INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/16/2005									X	Offic belov	,	e Other (specif below) nd President			
(Street)  MELVIL  (City)			11747 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Ind Line) X	vidual 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																				
			2. Transa Date (Month/D		r)   i	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)		red (A) str. 3, 4	and Securit Benefic Owned		ities icially d Following (			7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) oi (D)	r <sub>Pri</sub>	ce	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock, par value \$0.01 per share				06/16	6/2005				J <sup>(1)</sup>		9		A	\$	0(1)	1,253,572			I	By Trustees <sup>(2)</sup>	
Common Stock, par value \$0.01 per share																	11	,111		D	
Common Stock, par value \$0.01 per share																	10	),100			By Trustees <sup>(3)</sup>
Common Stock, par value \$0.01 per share																	1	,556		I	By Sons <sup>(4)</sup>
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8)			Transa Code (		ition of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Numbe of Numbe			nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. Pro rata liquidating distribution from the WSW 1997 Exchange Fund of 9 shares of common stock of the issuer to the Stanley M. Bergman Continuing Trust dated September 14, 1994 and a non-controlling interest in the WSW 1997 Exchange Fund and no investment control over the fund's portfolio securities.
- 2. Represents shares held by Stanley M. Bergman's wife and Lawrence O. Sneag as co-trustees of the Stanley M. Bergman Continuing Trust dated September 14, 1994.
- 3. Represents shares held by Lawrence O. Sneag, Stanley M. Bergman's wife or his sons as trustees of trusts for the benefit of immediate family members of Stanley M. Bergman or certain other persons, wherein Stanley M. Bergman is the grantor.
- 4. Represents shares held directly by Stanley M. Bergman's sons.

# Remarks:

/s/ Stanley M. Bergman

06/17/2005

\*\* Signature of Reporting Person

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.