FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB API	PROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response	e: 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* LASKAWY PHILIP A					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								(Che	elationship o eck all applic Director	able)	Person	(s) to Issue			
(Last) C/O HENR		`	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014									Officer (give title Other (specify below)						
(Street) MELVILLE (City)	MELVILLE NY 11747						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	e I - Nor	n-Deriv	ative	Seci	urities	Aca	uired.	Disi	osed of	. or Ben	eficially	/ Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				action	2A Ex r) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		i (A) or	5. Amoun Securities Beneficia Owned Fo	s lly ollowing (6. Owne Form: D (D) or In (I) (Instr.	irect In direct B 4) O	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		("	nstr. 4)					
Common Stock, par value \$0.01 per share														17,	543	D				
Common Stock, par value \$0.01 per share													4,000		I		By pouse			
		Та									sed 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 I Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y O F D o (!)	D. wnership orm: irect (D) r Indirect) (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)	06/30/2014			A		209 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per	209	\$0.00	14,130 ⁽⁴	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 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

Remarks:

/s/ Jennifer Ferrero (as
Attorney-in-Fact for Philip A. 07/02/2014
Laskawy)

** 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.