FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasinington,	D.C.	20343

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

wasnington,	D.C. 20549	

l	OMB APPROVAL								
l	OMB Number:	3235-0362							
	Estimated average b	urden							

Instruction 1(b)

Form 3	Holdings Repo	rted.				_								llion	irs per i	response.	1.0
Form 4	Transactions R	Reported.	File	ed pursuant to or Section					rities Excha ompany Ad								
1. Name and Address of Reporting Person* BERGMAN STANLEY M				2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
	(Fir IRY SCHEI YEA ROA	N, INC.	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/29/2012					X Officer (give title Other (specify below) Chairman, CEO							
(Street) MELVILLE NY 11747				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta		Zip)					l. D:		-4	D 6		. 0				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Da if any	2A. Deemed 3. Execution Date, if any Code (Instr.							d Of Securities Beneficially			ership n: Direct	7. Nature of Indirect Beneficial		
				(Month/Day/\	rear)	8)		Amount ((A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)
Common Stock, par value \$0.01 per share		12/19/2012				G 3		,904	D	\$0.00(1)		640,471				By Spouse ⁽²⁾	
Common Stock, par value \$0.01 per share		12/27/2012			G		300		D	\$0.00	\$0.00(1)		640,171			By Spouse ⁽³⁾	
Common Stock, par value \$0.01 per share												152,763			D		
Common share	Stock, par v	value \$0.01 per											10,000			Ι :	By Trust ⁽⁴⁾
Common share	Stock, par v	alue \$0.01 per											4,418 I By 4		By 401(k) Plan		
		Та	ıble II - Derivat (e.g., p	tive Secur uts, calls,									Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D (Inst	of Exp		ate Exercisable and iration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration Date	n Title	Numbe of						

Explanation of Responses:

- 1. Gift, not applicable.
- 2. Represents (i) 635,962 shares held by the Bergman Family 2010 Trust 2, of which Marion Bergman, Stanley M. Bergman's wife, is a co-trustee and a beneficiary and (ii) 4,509 shares held by Mrs. Bergman. The number of shares reported in the prior sentence reflects a distribution of 6,160 shares made by the Bergman Family 2010 Trust 2 to Mrs. Bergman on December 19, 2012.
- 3. Represents (i) 635,962 shares held by the Bergman Family 2010 Trust 2, of which Marion Bergman, Stanley M. Bergman's wife, is a co-trustee and a beneficiary and (ii) 4,209 shares held by Mrs. Bergman.
- 4. Represents 10,000 shares held by the Edward J. Bergman 2010 Trust for the benefit of one of Mr. Bergman's children and of which Mr. Bergman is the sole trustee.

Remarks:

/s/ Stanley M. Bergman

02/11/2013

** 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.