FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* KOMAROFF STANLEY | | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | | | | | | | | Check | all applic | or | | 10% Ow | ner | |
|--|---|--|------------------------|-----|---|---|-----|--------|--|---------|------------------------------|---|---|----------|--|---|--|---|--|--|
| (Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/26/2013 | | | | | | | | | X Officer (give title Other (specify below) Senior Advisor | | | | | |
| (Street) MELVILLE NY 11747 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable lee) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | ion | 2A. Deemed Execution Date, | | | 3. Transa Code (8) | ction | 4. Securities Disposed Of | (A) or | 5. Amor Securiti Benefic Owned | | int of es ially Following | 6. Own Form: I (D) or li (I) (Inst | Direct of the condition | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock, par value \$0.01 per share 11/26/2013 | | | | | 013 | 3 | | | M | | 22,329 | A | \$51.2 | 3 | 82 | ,125 | |) | | |
| Common Stock, par value \$0.01 per share 11/26/2013 | | | | 013 | 3 | | | S | | 22,329 | D | \$114.788 | 37 ⁽¹⁾ | 59 | 59,796 | |) | | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | 3 | 392 | | [4 | By 401(k) plan | | |
| | | | Table | | | | | | | | sposed of , converti | | | | wned | | | | 4 | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 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) | | De Se | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly O Fi D oi (i) | D. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | |
| Stock Option (Right to Buy) ⁽²⁾ | \$51.23 | 11/26/2013 | | | М | | | 22,329 |) | (3) | 03/05/2017 | Commo Stock, par valu \$0.01 p | ie 22,32 | 9 | \$0.00 | 3,000 | | D | | |

Explanation of Responses:

- 1. The price reflects a weighted average of sales made at prices ranging from \$114.26 to \$115.22 per share. The Reporting Person, upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, will provide full information regarding the number of shares sold at each separate price for this transaction.
- 2. Acquired pursuant to the Issuer's 1994 Stock Incentive Plan, as amended.
- 3. The option vested in four equal installments on each of March 5, 2008, March 5, 2009, March 5, 2010 and March 5, 2011.

Remarks:

/s/ Stanley Komaroff

11/26/2013

** 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.