FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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* ALI MOHAMAD			2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]							(Che	eck all applic Directo			10% Ov	ner			
(Last)		`	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021								Officer (give title below)			Other (specify below)		
(Street) MELVILLE		11	747		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				1		
(City)	(State	e) (Zi	0)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquii Disposed Of (D) (Instr. 5)				5. Amour Securities Beneficia Owned Fe Reported	ies For cially (D) Following (I) (Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D) Pr		Transacti	Transaction(s) (Instr. 3 and 4)			11150.4)		
Common Stock, par value \$0.01 per share												3,790			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Day	n Date, Transacti Code (Ins			ion of		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 derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e O s Fe ally D o g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom Stock	(1)	03/26/2021			A		219 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per share	219	\$0.00	219 ⁽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 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 Mohamad 03/29/2021 <u>Ali)</u>

** 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.