FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	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

Name and Address of Reporting Person*     Shoff Lonnie						2. Issuer Name <b>and</b> Ticker or Trading Symbol HENRY SCHEIN INC [ HSIC ]										all app	licable)	1	Person(s) to Iss 10% Ow Other (s	
(Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/25/2009										belov		b	low)	. ,
(Street)  MELVILLE NY 11747  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Indiv Line)  X										ridual 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																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ur)   E	Execution f any	a. Deemed recution Date, any onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Se Be		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							v	Amount	(	A) or D)	Price		Transaction(s) (Instr. 3 and 4)				(1113411 4)			
Common Stock, par value \$0.01 per share 09/25/									A		3,652(	1)	A \$0		.00 3,652		3,652	D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Executio urity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Expiration (Month/l) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Date				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount nber	ı		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## Explanation of Responses:

1. Grant of restricted stock pursuant to the Issuer's 1994 Stock Incentive Plan, as amended. Sixty-five percent of such restricted stock will vest subject to (i) the Issuer's achievement of a specified performance goal and (ii) the reporting person's continued performance of services for the Issuer, and thirty-five percent of such restricted stock will vest subject to (x) the passage of a specified period of time and (y) the reporting person's continued performance of services for the Issuer. With respect to the performance-based restricted stock, if the continued service requirement is satisfied and achievement of the performance goal exceeds 100% of the target, the Issuer may issue the reporting person additional vested shares of common stock in an amount that corresponds to the incremental percentage of the performance goal achieved in excess of 100% of the target.

## Remarks:

/s/ Lonnie Shoff 09/28/2009

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.