FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|------------------|---------------|-------------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden 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

| 1. Name and Address of Reporting Person* <u>Ettinger Michael S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | | | | | | | (Check | all app | olicable) | g Person(s) to Is | | | |
|--|--------------|--------------------|------------------|---|--|------------------|---|---|---|--------------------|---|---------------------------------------|--|--|--|---|--|--|
| (Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2016 | | | | | | | X | below) SVP Corp/Legal Ch of Staff Sec | | | | | | |
| (Street) MELVIL | LE NY | Y 1 | 1747 | | 4. If Amendment, Date of | | | | 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 | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | tion | ion 2A. Deemed Execution Date, if any | | l Date, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | ed (A) or | 5. Am Secu Bene | | nount of rities ricially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |
| | | | | | (Moi | (Month/Day/Year) | | 8) Code | v | Amount | (A) or (D) | Price | | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock, par v | value \$0.01 per s | hare | 03/07/2 | 2016 | | | | S | | 5,423 | D | \$168 | 3.13 ⁽¹⁾ | 3 | 2,286 | D | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | 400 | I | As trustee of trusts for the benefit of his children | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | 105 | I | By 401(k) plan | | |
| 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 4. Derivative Security 3. Transaction Date (Month/Day/Year) 5. Derivative Security 3. Transaction Date (Month/Day/Year) 6. Derivative Security | | | emed on Date, | 4. Transa | I. 5. Number of Code (Instr. Derivative | | mber ative rities ired osed | 6. Date Exercise Expiration Date (Month/Day/Yea | | cisable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. The price reflects a weighted average of sales made at prices ranging from \$168.00 to \$168.64 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.

Remarks:

/s/ Jennifer Ferrero (as

Attorney-in-Fact for Michael

03/08/2016

S. Ettinger)

** 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.