FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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] | | | | | | | | (Che | 5. Relationship of Reporti (Check all applicable) Director X Officer (give title | | | 10% Owne Other (spec | |
|--|---|---|-----------|--------------------|---|--|---|------|--|-------|-----------------------|--|--------------------------------|-----------------------------------|---|--|---|-------------------------|--|
| (Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2007 | | | | | | | | | belo | , | r Adviso | below |) | |
| (Street) MELVILLE NY 11747 | | | | | 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) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | | ction | 2A Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed C | | | f, or Beneficial es Acquired (A) or Of (D) (Instr. 3, 4 and | | | 5. Amo | unt of | 6. Ownership Form: Direct | ect | 7. Nature of Indirect |
| | (Month/Day/Year) | | | Code (Instr. 8) | | 5) | | | (A) or price | | | Beneficially Owned Followin Reported Transaction(s) | | (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | | |
| | | | | | | _ | | | Code | V | Amount | (D) |) | Price | (Instr. | 3 and 4) | | | |
| | | value \$0.01 per | | 08/08 | | - | | | S | | 373 | - | | \$61.03 | - | .,527 | D | | |
| Common Stock, par value \$0.01 per share | | | | 08/08/2007 | | - | | | S | | 3 | D \$61.04 | | 1,524 | | D | | | |
| Common Stock, par value \$0.01 per share | | | | 08/08/2007 | | - | | | S | | 224 | | | \$61.05 | <u> </u> | | D | | |
| 71 7 1 | | | | - | 08/08/2007 08/08/2007 | | | | | | 800 | - | | \$61.06 \$61.07 | 500 400 | | D | | |
| Common Stock, par value \$0.01 per share | | | | | /2007 | | | | S | | 100 | | D : | P 01.07 | | 100 | D I | | By Trustees ⁽¹⁾ |
| Common Stock, par value \$0.01 per share (Restricted) | | | | | | | | | | | | | | | 13,887 | | D | | |
| Common Stock, par value \$0.01 per share | | | | | | 48 | | 48 | I | | 401(k) | | | | | | | | |
| | | ٦ | able II - | Derivat | ive Se | cur | ities warr | Acqu | ired, C | Dispo | osed of, convertib | or Be | enefic | ially C | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year | | med | 4. Transact Code (In | | 5. Number ion of | | 6. Date Exerci Expiration Da (Month/Day/Yo | | isable and te | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | 8. De Se (In | Price of rrivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | : ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Represents shares held by Mr. Komaroff's sons, as co-trustees, of a trust for the benefit of Mr. Komaroff's grandson.

Remarks:

/s/ Stanley Komaroff

** Signature of Reporting Person

08/09/2007

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.