Instruction 1(b)

FORM 4

Check this box if no longer subject to

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549
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STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Section 16. Form 4 or Form 5 obligations may continue. See 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*  Margulies Anne H.					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [ HSIC ]									k all applic Director	able)	g Pers	on(s) to Issi 10% Ov	vner		
(Last) C/O HENR		`	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/25/2021									Officer below)	(give title		Other (s below)	specify		
(Street)  MELVILLE  (City)			747 p)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	′					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
== 11.00 01 00000111, (1110011 0)			2. Trans Date (Month/I	Day/Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s lly ollowing	Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	nt (A) or Pi		се	Transaction(s) (Instr. 3 and 4)				(11150.4)			
Common Stock, par value \$0.01 per share													13,897			D				
		Та									osed of, onvertib				wned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		n Date,	Transaction of Code (Instr. 8) Sc AA (A (A (Instr. B (In		of I		6. Date Exercisa Expiration Date (Month/Day/Yea		te Amount of		of s ng e Security		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A)		(A)	(D)			Expiration Date	Title	Amo or Num of Shar	ber						
Deferred Compensation Plan Phantom Stock	(1)	06/25/2021			A		358 <sup>(2)</sup>		(3)		(3)	Common Stock, par value \$0.01 per share	35	88	\$0.00	5,096 <sup>(</sup>	(4)	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 Anne H.

06/29/2021

Margulies)

\*\* 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.