Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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hours per response	. 05									

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Common Stock, par value \$0.01 per share Code Value Code Code Value Code Code Value Code Code Value Code Code Code Code Cod	1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Street) MELVILLE NY 11747 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table II - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table II - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) Table II - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form Direct of Indirect Individual or Joint/Gr	BRESLAWSKI JAMES P				1	TILITATE SCHEIN INC [IISIC]									Direc	tor 1		10% O	wner	
4. If Amendment, Date of Original Filed (Month/Day/Year) MELVILLE NY 11747 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Featuring (Instr. 4) 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Date (Mon	C/O HENRY SCHEIN, INC.														below	w)		below)		
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Date Month/Day/Year		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
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						Code V		(A)	(D)				Title	Numl of						

1. Represents the surrender of shares to the Issuer to satisfy the reporting person's tax withholding obligation upon the vesting of the reporting person's March 6, 2017 grant of performance-based restricted stock/units.

Remarks:

/s/ Jennifer Ferrero (as Attorney-in-Fact for James P. 03/10/2020 Breslawski)

** 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.