SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | or Section So(ii) of the investment Company Act of 1940 | | | | | | |
|---|------------------|-------|--|---|-----------------------------------|-----------------------|--|--|--|
| 1. Name and Address of Reporting Person [*] ALI MOHAMAD | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| ALIWOHAWAD | | | | X | Director | 10% Owner | | | |
| | | | | | Officer (give title | Other (specify below) | | | |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2021 | | below) | | | | |
| C/O HENRY S | CHEIN, INC. | | 02/10/2021 | | | | | | |
| 135 DURYEA ROAD | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicabl Line) | | | | | |
| (Street) | | | | X | Form filed by One Repo | orting Person | | | |
| MELVILLE | NY | 11747 | | | Form filed by More than Person | o One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transa Code (| | | | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial |
|--|--|---|------------------------|---|--------|---------------|---------------------------------|--|---|--|
| | (Montili/Day/real) | | 8) | v | Amount | (A) or (D) | Price | | (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock, par value \$0.01 per share | 02/18/2021 | | Р | | 1,000 | A | \$ 63.654 ⁽¹⁾ | 1,000 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The price reflects a weighted average of purchases made at prices ranging from \$63.62 to \$63.71 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 purchased at each separate price for this transaction.

Remarks:



02/19/2021

** 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.