FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL 3235-0287 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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Ettinger Michael S						2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								(Chec	k all app Direc	,		10% Ov	vner
(Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/18/2024									Officer (give title below) EVP & Chief Operating Officer					
(Street) MELVILLE NY 11747					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate)	Zip)																
		Table	e I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of,	or E	Bene	ficially	/ Own	ed			
· · · · · · · · · · · D				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amount 4 and Securities Beneficiall Owned Fol		ties cially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(111501. 4)
Common Stock, par value \$0.01 per share ⁽¹⁾					2024	24			S		12,240	2,240 D		\$75	87,706			D	
Common Stock, par value \$0.01 per share																800		I	As Trustee of the trusts for the benefit of his children.
Common Stock, par value \$0.01 per share															210			I	By 401(k) plan ⁽²⁾
		Та								•	osed of, o			-	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executi if any		4. Transa Code (8)	ction	5. Nu of Deriv Secu Acqu (A) of Dispo of (D)	5. Number of			sable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. De Se (In	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or India (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v					Expiration Date	Title	Amor or Numl of Share	er						

Explanation of Responses:

1. The sale transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 4, 2024.

2. Reflects the reporting person's interest in equivalent shares of Henry Schein common stock held by the unitized stock fund in the Henry Schein, Inc. 401(k) Savings Plan (the "Plan"). The unitized stock fund consists of Henry Schein common stock and cash or cash equivalents. The number of shares attributed to the reporting person as a participant in the Plan and expressed as equivalent shares has been calculated based on the closing price of Henry Schein common stock on November 18, 2024.

> /s/ Jennifer Ferrero (as attorney-in-fact for Michael S. 11/20/2024 Ettinger)

** Signature of Reporting Person

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.