#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHAI
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section

# NGES 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*  RACIOPPI MICHAEL  (Last) (First) (Middle)  C/O HENRY SCHEIN, INC.  135 DURYEA ROAD																of Reporting cable) or (give title	10% Ow		/ner
					12/	3. Date of Earliest Transaction (Month/Day/Year) 12/17/2015									below) below) SVP Chief Merchandising Offic.				
(Street)  MELVII  (City)			11747 (Zip)		_   4. l' _	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
				Non-Deriv	vative	Sec	uritie	es A	cauire	ed. D	isposed o	of, or B	enefic	ially	Owner	<u> </u>			
1. Title of Security (Instr. 3) 2. Tr			2. Transacti Date (Month/Day	ion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefic		unt of es ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V		Amount	(A) or (D)			Transac (Instr. 3	ction(s)			(Instr. 4)		
Common	Common Stock, par value \$0.01 per share			12/17/2	12/17/2015				М		9,901	A	\$51	.23	38	,200	D		
Common	Stock, par	value \$0.01 per	share	12/17/2	015				S		9,901	D	\$ <del>155</del> .	918(1)	) 28,299 D			D	
Common	Stock, par	value \$0.01 per	share												2	297		I	By 401(k) plan
		Т	able								sposed of , converti				wned			,	
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 Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	oer					
Stock Option Right to Buy <sup>(2)</sup>	\$51.23	12/17/2015			M			9,901	(3	3)	03/05/2017	Commo Stock, par valu \$0.01 pe	e 9,90	01	\$0.00	0		D	

## **Explanation of Responses:**

- 1. The price reflects a weighted average of sales made at prices ranging from \$155.40 to \$156.31 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 sold at each separate price for this transaction.
- 2. Acquired pursuant to the Issuer's 1994 Stock Incentive Plan, as amended (now known as the Henry Schein, Inc. 2013 Stock Incentive Plan).
- 3. The option vested in four equal installments on each of March 5, 2008, March 5, 2009, March 5, 2010 and March 5, 2011.

### Remarks:

/s/ Jennifer Ferrero (as Attorney-in-Fact for Michael

12/21/2015

Racioppi)

\*\* 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.