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
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Rekow E Dianne						2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								elationship o ck all applic Directo	able)		son(s) to Issuer	
(Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016									Officer (give title Other (specify below) below)				
(Street) MELVILLE NY 11747 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cline) X Form filed by One Reporti Form filed by More than C											rting Persor	1	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	2A Ex r) if a	A. Deemed execution Date, any		3. Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amour Securities Beneficia Owned Fe	s Ily	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				
Common St	ock, par val	ue \$0.01 per sha	ble II -								sed of, onvertib			4,1 Owned	.90		D	
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. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			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 Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom Stock	(1)	06/30/2016			A		110 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per	110	\$0.00	958 ⁽⁻	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 stock 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 E. Dianne 07/05/2016 Rekow)

** 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.