FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | hurdon | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | obligations may continue. See |
| | Instruction 1(b). |

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

| Name and Address of Reporting Person* Raphael Carol | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | | | | | | | | | | | p of Reporting Person(s) to Is plicable) ctor 10% C | | | | | |
|--|--|--------|--------------|-----------------------------------|--|--|------------------------------------|------------------------------|--------|--|---------|----------------------|---------------|---------------------------|---|---|--|--|---|------------|--|
| (Last) (First) (Middle) C/O HENRY SCHEIN, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017 | | | | | | | | | | Office | er (give title v) | | Other below) | (specify | | |
| 135 DURYEA ROAD | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MELVILLE NY 11747 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | eficia | ally C | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Date | | | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Own | | cially I Following | 6. Own Form: (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) | |
| Common Stock, par value \$0.01 per share 03/01/ | | | | | | 7 | | | F | | 521(1 | L ⁽¹⁾ D S | | \$1 | 72 | 2 7,381 | |] |) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Security or Exercise (Month/Day/Year) Frice of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution | | | Code (8) | ransaction of ode (Instr. Derivat | | | 6. Date E Expiratio (Month/D | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

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 1, 2013 grant of time-based restricted stock/units.

Remarks:

/s/ Jennifer Ferrero (as 03/03/2017 Attorney-in-Fact for Carol Raphael)

** 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.