FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Ettinger Michael S</u>						2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]									k all app Direc	on(s) to I:	vner			
(Last) (First) (Middle) C/O HENRY SCHEIN, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023								X	belov	er (give title w) & Chief Oper		Other (s below) ng Offic	· ·	
135 DURYEA ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	'					
(Street) MELVILLE NY 11747															Form filed by More than One Reporting Person					
(City)	ity) (State) (Zip)				Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Pule 10b5-1(c). See Instruction 10															
		Table	I - No	n-Derivat		to satis	fy the aff	firmat	tive defen	se coi	nditions of Ru	le 10b5	i-1(c).	See Instru	iction 10	•				
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					on 2A. Deem Execution		eemed Ition Dat	te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 3		A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or I	Price		ted action(s) 3 and 4)				
Common Stock, par value \$0.01 per share 05/24/20						23			S		14,881(1)) [\$75.12	7.	75,710				
Common Stock, par value \$0.01 per share																800	1	I 1	As Trustee of the trusts for the benefit of his children.	
Common share											210 ⁽²⁾]	[]	By 401(k) plan					
		Tab		Derivativ (e.g., put											Owne	ed				
Derivative Security (Instr. 3)	ative Conversion Date Execution or Exercise (Month/Day/Year) if any			ion Date, Trans		Saction (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative ities red sed 3, 4	6. Date Expirati (Month/	ion Da	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)). wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	e V (A) (D)		Date Exercisable		Expiration Date	Title	or Number of									

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 23, 2023.
- 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 May 24, 2023.

Remarks:

/s/ Jennifer Ferrero (as
Attorney-in-Fact for Michael 05/25/2023
S. Ettinger)

** 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.