FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | C. 20549 |
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| STATEMENT C | OF CHANGES IN | I 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | | | | | | | | | tionship of Reporting all applicable) Director | | Ü | g Person(s) to Issuer 10% Owner | | | |
|--|--|----------|---------|-------------------------------------|---|--|--|------|------------------|---|---------------|---|-------|--|---|----------------------|--|--|---------------|-------------------------------|
| | NRY SCHE | IN, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017 | | | | | | | | | Office below | er (give title v) | | Other below | (specify) | |
| (Street) MELVII | LE N | | 11747 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | | | | | son | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or 3, 4 an | l and Se Be Ov | | i. Amount of Securities Beneficially Dwned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | | Transad (Instr. 3 | ction(s) | | | (111341. 4) | |
| Common Stock, par value \$0.01 per share 03/06/2 | | | | /2017 | 2017 | | A | | 1,084(1) |) . | A | \$0.00 | | 6,283 | | | D | | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | | | 6 | ,000 | | I | By Trustees ⁽²⁾ |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | ransaction of Code (Instr. Deriv | | r osed) :. 3, 4 | 6. Date Exercis Expiration Date (Month/Day/Yes | | te | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | nt | | ive derivative y Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Acquired pursuant to the Issuer's 2015 Non-Employee Director Stock Incentive Plan. Subject to certain exceptions, such restricted stock units will vest subject to (i) the passage of a specified period of time and (ii) the report person's continued performance of services for the Issuer
- 2. Represents shares held in a trust where Mr. Kabat and his wife are co-trustees of the trust for the benefit of Mr. Kabat's wife.

Remarks:

/s/ Jennifer Ferrero (as Attorney-in-Fact for Donald J. 03/08/2017 Kabat)

** 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.