FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

CHANGES 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

| Name and Address of Reporting Person* Brons Paul | | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|---------|---------|-------|---|--|--|--|----------|---|---------------------|---|------------------------------------|---|---|---|--|---|---|--|
| (Last) | | ret) (I | Middle) | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | X | | er (give title | C | | (specify | |
| C/O HENRY SCHEIN, INC. | | | | | 03/ | 03/09/2011 | | | | | | | | | | | , | | , | |
| 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) MELVIL | LE N | Ý 1 | 1747 | | | | | | | | | | | | X | Forn | n filed by One n filed by Mor | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | Pers | on | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ay/Year) Execu | | P.A. Deemed Execution Date, f any Month/Day/Year) | | | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | () (I | A) or D) | Price | : | Transaction(s) (Instr. 3 and 4) | | | | (11311. 4) | | | |
| Common Stock, par value \$0.01 per share 03/09 | | | | | 0/2011 | | | | A | | 2,669 ⁽¹ |) A \$69 | | 0.45 16,471 | | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | vative (urity : | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | Co | | Code | v | (A) | (D) | Date Exercisa | Date Expiration Title Shares | | | | | | | | | | | | |

Explanation of Responses:

1. Grant of time-based restricted stock units pursuant to the Issuer's 1996 Non-Employee Director Stock Incentive Plan, as amended. Such restricted stock units will vest subject to (i) the passage of a specified period of time and (ii) the reporting person's continued performance of services for the Issuer.

Remarks:

/s/ Paul Brons 03/10/2011

** 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.