| SEC Form 4 | |
|------------|--|
|------------|--|

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to |
|---|--|
| 1 | 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

| OMB APPRO | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] McKinley David | | | 2. Issuer Name and Ticker or Trading Symbol <u>HENRY SCHEIN INC</u> [HSIC] | | tionship of Reporting Pe all applicable) Director | son(s) to Issuer 10% Owner | |
|--|--|----------------|--|---------|--|---------------------------------------|--|
| (Last) C/O HENRY SO | Last) (First) (Middle) C/O HENRY SCHEIN, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2016 | - x | Officer (give title below) President, Medi | Other (specify below) cal Group | |
| 135 DURYEA I | ROAD | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6 India | ridual or Joint/Group Filir | ag (Chack Applicable | |
| (Street) MELVILLE (City) | NY (State) | 11747 (Zip) | 4. If Ameriament, Date of Original Filed (Month/Day/rear) | Line) | Form filed by One Rep Form filed by More that Person | porting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table 1 Hon Derivative debundes Adquired, Disposed of, or Derenolary Owned | | | | | | | | | | |
|--|--|---|------------------------------|---|--|---------------|--------------------------------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock, par value \$0.01 per share | 03/14/2016 | | S | | 3,339 | D | \$167.92 ⁽¹⁾ | 27,645 | D | |
| Common Stock, par value \$0.01 per share | | | | | | | | 105 | Ι | by 401(k) plan |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| | | | (571 | , | , | | , | • • | | | , | | | | |
|---|--|--|--------|---|---|--|---|---------------------|---|--|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | Code (| Transaction of Code (Instr. Derivative | | 6. Date Exerc Expiration Da (Month/Day/) | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The price reflects a weighted average of sales made at prices ranging from \$167.81 to \$168.02 per share. The Reporting Person, upon request by the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, will provide full information regarding the number of shares sold at each separate price for this transaction.

Remarks:

<u>/s/ Jennifer Ferrero (as</u> <u>Attorney-in-Fact for David</u> <u>McKinley)</u>

03/15/2016

** 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.