## Edgar Filing: HENRY SCHEIN INC - Form 4

HENRY SC Form 4 March 17, 20											
FORM									OMB AF	PROVAL	
	• • UNITED	STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	oer								Expires:	January 31,	
subject to Section 1 Form 4 c	F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hour response	urs per			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type l	Responses)										
1. Name and Address of Reporting Person <u>*</u> Rose Paul			2. Issuer Name <b>and</b> Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)			_		-	(Check	c all applicable	)	
(1)			(Month/E	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/16/2015</li></ul>				Director 10% Owner X Officer (give title Other (specify below) below)			
DORTLAT									bal Supply Ch		
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
MELVILLE	2, IN Y 11/4/							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio: any		3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.01 per share	03/16/2015			S	3,264	D	\$ 140.13 (1)	19,223	D		
Common Stock, par value \$0.01 per share								812	I	by 401(k) plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

## Edgar Filing: HENRY SCHEIN INC - Form 4

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Rose Paul C/O HENRY SCHEIN, INC. 135 DURYEA ROAD MELVILLE, NY 11747			SVP, Global Supply Chain				
Signatures							

s/ Jennifer Ferrero (as Attorney-in-Fact for Paul	
cose)	03/17/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).

The price reflects a weighted average of sales made at prices ranging from \$140.13 to \$140.16 per share. The Reporting Person, upon
 (1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

F