FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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* MAZELSKY JONATHAN JAY						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First)	(M		3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024									Officer (give title		Other (s below)	·			
C/O DENTSPLY SIRONA INC					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
13320 BALLANTYNE CORPORATE PLACE														Line) X Form filed by One Reporting Person					
(Street)														Form file	ed by More	e than (One Report	ng Person	
CHARLOTTE NC 28277					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					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 Rule 10b5-1(c). See Instruction 10.														
		Tabl	e I - No	n-Deri	vative	Sec	urities A	cqı	uired,	Disp	osed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficial Owned Fo	y	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				Instr. 4)	
Common Stock 01/12					2/2024			A		21.479(1)	A	\$0	5,481.723			D			
		T	able II -	Deriva (e.g., p	ative S	ecu calls	rities Ac , warran	qui ts, c	red, D	ispo	sed of, o	r Benefi e securi	cially O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	1011(0)			
Phantom Stock (Directors' Deferred Compensation) DDC	(2)	01/12/2024			A		6.4726 ⁽³⁾		(2	2)	(2)	Common Stock	6.4726	\$36.8	1,707.	624	D		

Explanation of Responses:

- 1. Represents dividends on restricted stock units (RSUs) awarded to the Reporting Person in the form of additional RSUs and are subject to the same vesting terms as the underlying awards. The dividends vest simultaneously with the RSUs to which they relate. Each RSU converts to common stock on a 1:1 basis.
- 2. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable in common stock upon the reporting person's termination of service as a director.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner,

Attorney-In-Fact for Jonathan

01/16/2024

Jay Mazelsky

** 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.