FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 205	549

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

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

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* Yankie Lisa						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (disp title				
(Last) (First) (Middle) 13320 BALLANTYNE CORPORATE PLACE					3. Date of Earliest Transaction (Month/Day/Year) 10/08/2021								Officer (give title below) Sr VP & Chief HR Officer				specify	
(Street) CHARLOT	TE NC	28	3277		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)	Form filed by More than One Reporting						
(City)	(State	e) (Z	ip)											Person				
			le I - No			_		Acqu		Dis	osed of,			_				
1. Title of Security (Instr. 3)		2. Trans Date (Month/	/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficial Owned Fo Reported	i Iy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price	Transactio				(Instr. 4)					
Common St	ock			10/0	8/2021				A		14.787(1)	A	\$60.01	13,68	0.497		D	
		T									sed of, o			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any f ive (Month/E		Date, Transact Code (In:					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) Securitie Beneficii Owned Followin Reported	e Ownershi Form: Direct (D) or Indirect g (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)	ion(s)		
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(2)	10/08/2021			A		3.7528 ⁽³⁾		(2)	(2)	Common Stock	3.7528	\$58.46	70.58	178 D		
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(2)	10/08/2021			A		0.1257 ⁽⁴⁾		(2	()	(2)	Common Stock	0.1257	\$58.46	70.71	35	D	
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	10/08/2021			A		1.3573 ⁽⁴⁾		(2))	(2)	Common Stock	1.3573	\$58.46	722.58	363	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 persons termination of employment.
- 3. Comprised of phantom stock acquired as a result of contribution to the Dentsply Supplemental Savings Plan.
- 4. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner,

10/12/2021 Attorney-In-Fact for Lisa

Yankie

** 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.