FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D C	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	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).

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]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(First) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024						Officer (gir below)	ve title		Other (specify below)			
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Street)	(Street) CHARLOTTE NC 28277 Rule 10b5-1(c) Transaction Indication																
(City)	(State	e) (Z	(ip)		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.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		2. Transact Date (Month/Day		if any	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.		(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Following R	Owned (D) or eported (I) (Ins		Direct In ndirect B r. 4) O	7. Nature of ndirect Beneficial Ownership			
							Code V	Amount	Amount (/		Price	Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
			•	g., put	s, cai			<u> </u>		_							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	Transaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and An Securities Unc Derivative Sec (Instr. 3 and 4)		Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		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		itle	Amount or Number of Shares			tion(s)		
Phantom Stock (Directors' Deferred Compensation) DDC	(1)	03/28/2024		A		761.4756 ⁽²⁾		(1)	(1)		Common Stock	761.4756	\$32.83	2,469.0	0996	D	

Explanation of Responses:

- 1. 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.
- 2. Comprised of phantom stock.

/s/ Dane Baumgardner, Attorney-

In-Fact for Jonathan Jay 03/29/2024

<u>Mazelsky</u>

** 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.