Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  VARON LESLIE F					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]										Relationship neck all app X Direc	,		on(s) to Is 10% Ov	
(Last)	(Fi	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023										Office below	er (give title v)		Other (s below)	pecify
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person				.	
(Street) CHARLOTTE NC 28277				Dulo 10hE 1(a) Transportion Indication										Form filed by More than One Reporting Person					
(City)	(Si	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See									uction or writt	en plan	that is inter	ided to		
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exec ay/Year) if any		Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefic Owned	ies cially Following	6. Owr Form: (D) or (I)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A (D	() or ()	Price	Report Transa (Instr. 3	action(s) 3 and 4)			(Instr. 4)	
Common Stock 10/13/2					2023				Α		58.646 <sup>(1</sup>	1) A		\$0	25,4	25,491.215		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Security or Exercise (Month/Day/Year) if		if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direct or In (I) (Ir	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	or Nun of	ount nber ires					

## **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.

Dane Baumgardner, Attorney-10/16/2023 In-Fact for Leslie F. Varon

\*\* 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.