FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

schington D.C. 20540
ashington, D.C. 20549

Vashington, D.	.C. 20549
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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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor roomanas:	0.5							

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							
											X	Officer (give title		Other (s						
(Last)	(First		3. Date of Earliest Transaction (Month/Day/Year)									pelow) pelow)									
C/O DENTSPLY SIRONA INC						01/13/2023									Sr VP & Chief HR Officer						
13320 BALLANTYNE CORPORATE PLACE																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	TE NO	24	0077										- [X	Form file	ed by One	Repor	ting Persor	1		
CHARLOT	TE NC	28	3277												Form filed by More than One Reporting						
(City)	(Ctat	2) /7	in)												Person						
(City)	(State	e) (Z	ip)																		
		Tab	le I - Noi	n-Deri	vative	e Sec	curities A	\cqı	uired,	, Dis	oosed of,	or Ben	efici	ally (Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed O	Securities Acquired (A) of sposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficial Owned Fo	ly	Form	Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		се	Reported Transactio (Instr. 3 ar				(Instr. 4)		
Common Stock 01/13					3/202	3/2023		A		218.079(1) A \$0		85,276.08			D					
	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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)				6. Date Exercisable ar Expiration Date (Month/Day/Year)		ate	7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)		Date Exerc	isable	Expiration Date	Title	or	ount nber ires		(Instr. 4)	ion(s)				
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(2)	01/13/2023			A		0.0332 ⁽³⁾		(2)		(2)	Common Stock	0.0	332	\$36.21	96.15	54	D			
Phantom Stock (Supplemental Executive	(2)	01/13/2023			A		5.6265 ⁽³⁾		(2	2)	(2)	Common Stock	5.6	265	\$32.21	1,635.7	221	D			

Explanation of Responses:

Retirement Plan) SERP

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 accrued dividends.

Dane Baumgardner, Attorney-In-Fact for Lisa Yankie

01/17/2023

** 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.