FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. See		Filed							ies Exchang mpany Act o		1934		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* Newell William E				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Own X Officer (give title Other (sp.			wner		
(Last) (First) (Middle) 13320 BALLANTYNE CORPORATE PLACE					3. Date of Earliest Transaction (Month/Day/Year) 03/12/2020									pelo	ow) Chief Segmen		below) nt Officer	
(Street) CHARL(2 ate) (2		4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Forn Forn	,					
		Table	I - Noı	n-Deriva	ative S	Secu	rities	Acq	uired,	, Dis	posed of	, or Be	nefic	ially Owr	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4		nd Secur Benef	icially d Following	Forr (D)	n: Direct or Indirect nstr. 4)	of Indirect			
									Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)			(111341. 4)
Common Stock 03/12/2					2020		F		329(1)	D	\$39	93 16,731.214			D			
Common Stock														2,	549.97			By ESOP
		Tal									osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.	itive ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
	C		Code	v	(A)	(D)	Date Exercis	sable	Expiration Date		Amount or Number of Shares							

Explanation of Responses:

1. Shares withheld to cover taxes related to the vesting of the reporting person's Restricted Stock Units plus dividend equivalent rights, each as previously reported in Table I.

Dane Baumgardner, Attorney-03/16/2020 In-Fact for William E Newell

** 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.