FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	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

Name and Address of Reporting Person*     Yankie Lisa					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]					(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify						
(Last) (First) (Middle) 3. Date of Earliest Transaction (No. 13320 BALLANTYNE CORPORATE PLACE						tion (Month/Day/Year)				A	below)			below)			
(Street) CHARLO7 (City)	TTE NC		8277 (ip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac						2A. Deemed		3.		4. Securities	s Acquired	(A) or	5. Amount Securities	of			. Nature of
Date (Month/D				Month/Day/	ay/Year) if any		any	Transaction Disposed Of Code (Instr. 8)		Of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
								Code	٧	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				
		ד	able II - De (e.			urities Ad s, warran							wned				
Derivative Conversion Date Execution D Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Instr				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)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Cod	e V	(A)	(D)	Date Exercis	able	Expiration Date Title Shares			(Instr. 4)				
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(1)	01/14/2021		А		3.6062 <sup>(2)</sup>		(1)		(1)	Common Stock	3.6062	\$59.06	3.606	52	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 persons termination of employment.
- 2. Comprised of phantom stock acquired as a result of contribution to the Dentsply Supplemental Savings Plan.

Dane Baumgardner, Attorney-In-Fact for Lisa Yankie

01/15/2021

\*\* 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.