| SEC Form | 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|--|---|----------------------------|---|--|--|--------------------------|---|--|--|--|-----------------------------------|--|---------------------------------------|--|
| FORM 4 UNITE | | | | TED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| 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 | | | | | | | | | Estimated average burden | | | | 3235-0287 0.5 | |
| 1. Name and Address of Reporting Person* <u>Yankie Lisa</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY SIRONA Inc.</u> [XRAY] | | | | | | | | | ationship of k all applica Director Officer (g | ble) |) Perso | 10% Ow Other (s | ner | |
| (Last) (First) (Middle) C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022 | | | | | | | | | X Onlee (give the below) below) Sr VP & Chief HR Officer | | | | | |
| (Street) CHARLOTTE NC 28277 | | | | | | | | | | | | | 6. Ind Line) X | | | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | (A) or | 5. Amount Securities Beneficial Following | Form Iy Owned (D) o | | Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | | | | | 4/2022 | | | | | | 12.972 ⁽¹⁾ | | \$ <mark>0</mark> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | D | | |
| | | Т | | | | | | | | | osed of, o onvertible | | | wned | | | | | |
| 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 | ed Date, | 4. Transactior Code (Instr. 8) | | 5. Number of Derivative | | 6. Date Exerc Expiration Da (Month/Day/) | | cisable and ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbo derivativ Securitie Beneficia Owned Followin Reported | re es ally g d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (A) (D) | | isable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |
| Phantom Stock (Dentsply Supplemental Savings Plan) DSSP | (3) | 01/14/2022 | | | A | | 0.1951 ⁽⁴⁾ | | (3) | | (3) | Common Stock | 0.1951 | \$53.52 | 95.12 | .71 | D | | |
| Phantom Stock (Supplemental Executive | tal (3) 01/14/2022 | | | A | | 1.485 ⁽⁴⁾ | | (3 | 3) | (3) | Common Stock | 1.485 | \$53.52 | 724.07 | 713 | D | | | |

Explanation of Responses:

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. Includes 105 shares acquired between July 1st - December 31, 2021 under the Dentsply Sirona Employee Stock Purchase Plan.

3. 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 employment.

4. Comprised of phantom stock acquired as a result of accrued dividends.

** 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.

Dane Baumgardner, Attorney-
In-Fact for Lisa Yankie01/19/2022