FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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* HOSEIN CLYDE					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]							ck all app Direc	tor	ng Perso	10% Ov	vner			
(Last)	(Fi	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024							Office	er (give title		Other (s	specify		
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
												X	X Form filed by One Reporting Person						
(Street)	OTTE NO	2 2	8277												Form Perso	filed by Mo on	re than	One Repo	orting
					Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or writte satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							ten plan t	that is inter	nded to				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,		Date,	Transaction Disposed Of Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4		A) or 3, 4 and	5. Amo Securit Benefic Owned Reporte	ies ially Following	6. Own Form: (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	V Amount		or	Price	Transaction(s) (Instr. 3 and 4)				(IIIsti. 4)	
Common	Stock			01/12/2	2024				A		21.479(1)	1) A		\$ <mark>0</mark>	18,20	18,260.3695)	
	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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year)			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	wnership orm: irect (D) · Indirect	Beneficial Ownership (Instr. 4)				
					Code	Code V (A) (D)		Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	nber						

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-In-Fact for Clyde R. Hosein

** 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.