| SEC Form 4 |
|------------|
|------------|

Instruction 1(b).

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 Washington, D.C. 20549

Ir

| STATEMEN | OMB Number: | 3235-0287 | | | | | |
|----------|--|----------------------|--------------------------|--------|--|--|--|
| | | | Estimated average burden | | | | |
| Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | hours per response: | 0.5 | | | |
| T lied | or Section 30(h) of the Investment Company Act of 1940 | - | | | | | |
| | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of R | Reporting Person(s) to | Issuer | | | |

| DENTSPLY SIRONA Inc. [XRAY] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
|--|--|--|--|--|
| 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022 | - X biller (give the below) below) below) Chief Commercial Officer | | | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| _ | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | | |
| | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022 | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|-----------|---------------|-------------------|----------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | | | |
| Common Stock | 01/14/2022 | | Α | | 14.128(1) | Α | \$ <mark>0</mark> | 25,754.2314 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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-01/19/2022

In-Fact for Walter Petersohn

** 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.