SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] <u>Wagner Richard M</u>	2. Date of Event Requiring Statement (Month/Day/Year) 08/15/2022		3. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY SIRONA Inc.</u> [XRAY]					
(Last) (First) (Middle) C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE (Street)			4. Relationship of Reporting Person(s) Issuer (Check all applicable) Director 10% Ov X Officer (give Other (s title below) below) VP, Chief Accounting Office		wner (specify	 5. 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 		
CHARLOTTE NC 28277 (City) (State) (Zip)						Reporting	Person	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr.	3. Own Form: [Direct Ownership (Instr. 5) ndirect			
		4	4)	(D) or li (I) (Inst				
		erivative	Securities Beneficia nts, options, converti	(i) (inst	r. 5) ied			
		erivative s, warran isable and ate	Securities Beneficia	(I) (Inst Ily Owr ble sec	r. 5) ied	ion Ownership ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Dane Baumgardner, Attorney-In-Fact for Richard M. Wagner	<u>08/24/2022</u>
** Signature of Reporting Person	Date
irectly	

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 5 (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.