FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burd | len | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* <u>Key Daniel P</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | | | all app | olicable) etor | g Person | Person(s) to Issuer | |
|--|--|--|---------------|-------|-------------------------|---|---|-----|---|--------|---|-------|-------------------------------|------------------------|--|--|---|-------------------------|--|------------|
| (Last) 13320 BA | (First) (Middle) 20 BALLANTYNE CORPORATE PLACE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/12/2019 | | | | | | | | | | belov | Officer (give title below) SVP,Chief Supp | | below) | |
| (Street) CHARLO | | | 28277 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/I | | | | | | | ar) | | 6. Individual or Joint/Group Filing (Check Ap Line) X Form filed by One Reporting Perso Form filed by More than One Repo Person | | | | | on |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | E) if: | xecution any | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Sec Ber Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 07/12/ | | | | /2019 | 2019 | | | A | | 13.483 | (1) | Α | \$0 | | 9,037.646 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 3,697 | | | By Daniel Key IRA | | |
| | 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 | 3A. Deem Executior if any (Month/Da | ion Date, Tra | | ansaction de (Instr. | | of | | xercis in Dati ay/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | tr. 3 | Deri Secu | Price of ivative curity etr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | |

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.

/s/ Dane Baumgardner,

Attorney-In-Fact for Daniel P. 07/16/2019

<u>Key</u>

** 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.