FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b)

| | OMB APF | PROVAL | | | | | | |
|--|--|--------|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | |
| | | | | | | | | |
| | hours per respons | e: 0.5 | | | | | | |

Direct (D) or Indirect (I) (Instr. 4)

Beneficially Owned

Following Reported Transaction(s) (Instr. 4)

04/11/2022

Ownership (Instr. 4)

| | | (e.g., pu emed ion Date, | 4. 5. Number of Orivative | | , options, convertibl | | | 7. Title and Amount of Securities | | | 9. Number derivative Securities Beneficiall | Ownershi Form: | 11. Nature of Indirect Beneficial Ownership | | | |
|---|-------------------------|--------------------------------|---------------------------|---|---|-----------------------------|----------------|-----------------------------------|--|--------------|--|---|---|---|-------|----------|
| Common | - COOK | т. | ble II | | | O | ioo Aos | | l Nor: | | | | , | | | |
| Common Stock 04/08/2 | | | | | 022 | | A | , v | 36.191 ⁽¹⁾ | (D) | Price \$(| (Instr. 3 | 161.886 | D | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | Transaction Code (Instr. 8) | | Disposed O | es Acquired (A) Of (D) (Instr. 3, 4 | | nd Securit Benefic Owned Report | ies cially Following ed | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Table | e I - No | n-Deriva | tive S | ecur | rities Acq | uired, | Dis | posed of, | or Be | nefici | ally Own | ed | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| (Street) | OTTE N | C | 28277 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 13320 BALLANTYNE CORPORATE PLACE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| | OO DENTSPLY SIRONA INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2022 | | | | | | | | belov | er (give title v) | below | (specify |
| 1. Name and Address of Reporting Person* KRAEMER HARRY M JANSEN JR | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | heck all app | licable) tor | ng Person(s) to |)wner | |
| | | | | | or Se | ction 3 | 0(h) of the Ir | rvestme | nt Cor | npany Act of | 1940 | | | | | |

Explanation of Responses:

Price of Derivative

Security

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.

Date Exercisable

Expiration Date

Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A) (D)

Dane Baumgardner, Attorney-

Amount Number

of Shares

In-Fact for Harry M. Jansen

Kraemer, Jr.

Title

Underlying Derivative

Security (Instr. 3 and 4)

** 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).

Code

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.