SEC Form 4							
FOF	RM 4	UNITED S	TATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549	MMISS	ION	OMB AP	PROVAL
Check this box Section 16. For obligations may Instruction 1(b).	continue. See		IENT OF CHANGES IN BENEFICIAL OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		P	OMB Number: Estimated average hours per respons	
1. Name and Addre Brackett Era		Person*	2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY SIRONA Inc.</u> [XRAY]		all applicable) Director	1	, 10% Owner
(Last) C/O DENTSPL	ast) (First) (Middle) /O DENTSPLY SIRONA INC		3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023	x	Officer (give below) SVP, Chi		Other (specify pelow) Officer
13320 BALLANTYNE CORPORA (Street) CHARLOTTE NC		28277	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line) X	Form filed b	Group Filing (Che y One Reporting y More than One	Person
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication				

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to s the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						

	(Month/Day/rear)	(Month/Day/Year) 8)			Owned Following Reported	(I) (Instr. 4)	Ownership (Instr. 4)			
			Code	v	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	07/14/2023		A		111.889 ⁽¹⁾	Α	\$ 0	39,302.196 ⁽²⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
	24 Deemed		C Number of	C. Data Eveniashia and	7 Title and	0 Duine of	0.1				

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date Expirat Secution Date, If any Code (Instr. Securities (Month/Day/Year) 8) Expirat Securities (Month		6. Date Exerc Expiration Da (Month/Day/Y	Date Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(3)	07/14/2023		A		4.1182 ⁽⁴⁾		(3)	(3)	Common Stock	4.1182	\$41.14	1,214.3082	D	

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.

2. Includes 179 shares acquired between January 1st - June 30, 2023 under the Dentsply Sirona Employee Stock Purchase Plan.

3. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable in common stock upon the reporting persons termination of employment. 4. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner, Attorney-In- Fact for Erania 07/17/2023 **Brackett**

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.