FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

OWNERSHIP

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APP	ROVAL
OMP Number:	2225.0

OMB Number: 3235-0362
Estimated average burden
hours per response: 1.0

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ities Excha									
1. Name and Address of Reporting Person* WISE BRET W				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET SUITE 60W			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							X Officer (give title below) Other (specify below) Executive Chairman, Board								
(Street)	PA	. 1	7401	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta		Zip)															
1. Title of Security (Instr. 3) 2. Transaction Date		2. Transaction	2A. Deemed 3. Trans if any Code		Transaction Code (Instr. 3, 4 and 5)					5. Amou Securitie Benefici	nt of es ally	6. Ownership Form: Direct		7. Nature of Indirect Beneficial				
			(Month/Day/	rear)	8)		Amour	Amount (A) or (D) Price		Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Fiscal	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock		03/08/2017			G		4	146	D	\$0		143,481.928			D			
Common Stock		03/08/2017			G		4	146	D	\$0		143,4	43,481.928		D			
Common	Stock												16	,185		I	Bret W. Wise De Of Trust	ed
Common	Stock											2,000 I F				By IRA		
Common	Stock											10,561 I		I	By Spou	se		
Common	Stock											8,639		639		I	Wise Gra 2	ıt
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls,		-				-		-	Owned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		Execution Date,	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	rities ired r osed) : 3, 4	Expir	te Exercisable and ration Date th/Day/Year) Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		S (I	8. Price of Derivative Security (Instr. 5) Securitie Beneficia Owned Followin Reporter Transact (Instr. 4)		Ownershi Form: Direct (D) or Indirect g (I) (Instr. 4		Benefic Owners (Instr. 4	ect cial ship

Explanation of Responses:

<u>Dane Baumgardner, Attorney-</u> <u>In-Fact for Bret Wise</u>

02/14/2018

** Signature of Reporting Person

Date

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

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.

^{*} 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).