FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549	
rvasiliigton,	D.C.	20040	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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

Name and Address of Reporting Person* Yankie Lisa						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]						(Che	ck all applica	applicable)		Person(s) to Issuer 10% Owner Other (speci		
(Last) (First) (Middle) 13320 BALLANTYNE CORPORATE PLACE						3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021							7	below)			below)	респу
(Street) CHARLOT	TTE NC	te) (Z	8277 !ip)			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	action 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	or 5. Amount		Form: ly (D) or		'. Nature of ndirect Beneficial Ownership Instr. 4)			
Table II Day			Doriva	tivo 9	tive Securities Acqui		Code	v	Amount	(A) or Price		Transactio (Instr. 3 ar	Transaction(s) (Instr. 3 and 4)			111301. 47		
		'									onvertibl			wiieu				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		ransaction Derivative ode (Instr. Securities		(A) ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported	es O Fe D O O O O O O O O O O O O O O O O O O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				,	Code V (A)		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(1)	09/10/2021			A		3.5278 ⁽²⁾		(1)		(1)	Common Stock	3.5278	\$62.18	63.16	86	D	

Explanation of Responses:

- 1. 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.
- 2. Comprised of phantom stock acquired as a result of contribution to the Dentsply Supplemental Savings Plan.

/s/ Dane Baumgardner,

Attorney-In-Fact for Lisa

Yankie

** Signature of Reporting Person Date

09/13/2021

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.