FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

_		
Vashington.	D.C. 20549	

STATEMENT (	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</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

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

						. ,											
Name and Address of Reporting Person*     Coggin Matthew				2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
				_ L						$\perp \mid x$	Off:/	give title		Other (s			
(Last)	(First	) (N	liddle)		3. Date of Earliest Transaction (Month/Day/Year)					^	below)	below)					
13320 BAL	LANTYNE	E CORPORATE	PLACE	10/	10/09/2020						SVP, Business Dev & Strategy						
13320 3.132.11.11.2 60.14 61.4.12 12.162					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable												
(Street)				4. 11	r Ame	nament, Date	e or c	originai	Filea (	Montn/Day/Y	ear)	Line)	lividual or Jo	int/Group	Filing (	Спеск Аррі	icable
CHARLOT	TE NC	28	3277								X	Form file	ed by One	d by One Reporting Person			
-				— I										ed by More	e than	One Report	ing
(City)	(State	e) (Z	ip)										Person				
		Tab	le I - Non-D	erivativ	e Se	curities A	Acq	uired,	Dis	osed of,	or Bene	ficially	Owned				
1. Title of Security (Instr. 3)			ransaction				3. 4. Securities Acquired (A) of			(A) or	or 5. Amount of		6. Ownership		7. Nature of Indirect Beneficial		
Da (Me				te onth/Day/Ye	Day/Year) Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed Of (D) (Instr. 3, 4		3, 4 and 5)	Beneficial		(D) or		r Indirect	
							8)			_	Owned Fo	, , , ,			Ownership Instr. 4)		
								Code	۱v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar				
Common Stock			0/09/202	20			A		25.513(1)	A	\$0	18,078.994			D		
		7	able II - De	rivative	Sec	urities Ad	caui	red. [	Dispo	sed of. o	r Benef	icially O	wned				
						s, warran											
Derivative Conversion Date Execution		3A. Deemed	4.			6. Date Exercisable and 7. Title and A						er of	10.	11. Nature			
			Execution Date if any	Code (Inst				Expiration Date of Securities (Month/Day/Year) Underlying			g	Derivative Security		e s	Ownership Form:	Beneficial	
(Instr. 3)					Security	(Instr. 5)	(Instr. 5) Beneficial Owned		Direct (D) or Indirect	Ownership (Instr. 4)							
	Security				of (D) (Instr. 3, 4 and 5)				,			Following ( Reported					
				Т	1 1						Amount	1	Transact (Instr. 4)				
												or Number		(			
				Code	V	(A)	(D)	Date Exerc	icablo	Expiration Date	Title	of Shares					
Phantom				Code	╀	(A)	(0)	EXEC	isavie	Date	1100	Jilales	-	<del>                                     </del>			+
Stock																	
(Supplemental Executive	(2)	10/09/2020		A		2.8864 <sup>(3)</sup>		(2	2)	(2)	Common Stock	2.8864	\$46.01	1,330.	945	D	
Retirement Plan) SERP																	

## **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. 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.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

Dane Baumgardner, Attorney-In-Fact for Matthew Coggin

10/13/2020

\*\* 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.