FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
CIAILMENT	OI OIIAIVEE		OWINELICOIN

OMB APPROVAL								
OMB Number:	3235-0287							
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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

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
MAZELSKY JONATHAN JAY					DENTSPLY SIRONA Inc. [ XRAY ]							X		5.0)		10% Owr	ier	
(Last)	(First)	(M	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023								Officer (g below)	give title		Other (sp below)	ecify	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	,						
(Street) CHARLOTTE NC 28277				Rul	Form filed by More than One Reporting Pe									g Person				
(City)	(State	e) (Zi	p)		Check this box to indicate that a transaction was made pursuant to a c affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							ontract, instruction or written plan that is intended to satisfy the						
		Tabl	e I - Noi	n-Deriv	ative	Sec	urities A	cqı	uired,	Disp	osed of,	or Bene	ficially (	Owned				
Date			Date	ansaction 2A. Deemed Execution Date, if any (Month/Day/Year)		``	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 8)					5. Amount Securities Beneficiall Owned Fo	y	Form:	Direct Ir Indirect B tr. 4) O	Nature of direct eneficial wnership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Common Stock			10/13	13/2023				A		22.287(1)	A	\$0	5,460	5,460.244		D		
		T									sed of, o			wned				
1. Title of Derivative Security  (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)		Date,	Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	A) (D)		isable	Expiration Date	Title	Amount or Number of Shares	(Instr. 4		on(s)			
Phantom Stock (Directors' Deferred Compensation) DDC	(2)	10/13/2023			A		4.5312 <sup>(3)</sup>		(2	2)	(2)	Common Stock	4.5312	\$30.71	998.43	97	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. 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 person's termination of service as a director.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner,

Attorney-In-Fact for Jonathan

10/16/2023

Jay Mazelsky

\*\* Signature of Reporting Person

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.