FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  HOSEIN CLYDE					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]										ck all app Direc	olicable) tor	ng Per	erson(s) to Issuer 10% Owner	
(Last)	(F	irst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023											Officer (give title below)		Other (spe below)	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street)	OTTE N	28277												Form filed by More than One Reporting Person					
(City)	(S	tate) (2	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ended to					
		Table	I - No	n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	osed of	, or I	Bene	ficia	lly Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					Exec if any	Deemed ecution Date, ny onth/Day/Year)		Transaction Dispose Code (Instr. and 5)		Disposed	rities Acquired ( ed Of (D) (Instr. :			Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (D	) or )	Price		rted action(s) 3 and 4)				
Common	Stock			07/14/2	2023			A		41.45(1	(1) A		\$ <mark>0</mark>	18,2	18,214.525		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) Execution Date,			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		D Si (II	Price of erivative ecurity nstr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numl of Share	ber					

## 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.

<u>Dane Baumgardner, Attorney-</u> <u>In-Fact for Clyde R. Hosein</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.