FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| TATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------|-------------------|---------------|------------------|
| | | | |

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| l | OMB Number: | 3235-0287 |
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| l | 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* Vergis Janet S. | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | | Relationsh theck all ap | plicable) | g Persor | Person(s) to Issuer 10% Owner | | |
|---|--|-------|--|--|---|---|--|--|------|------------------------|---|---|---|--|---|-----------------------|----------------------------------|------------|--|
| (Last) (First) (Middle) 13320 BALLANTYNE CORPORATE PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2020 | | | | | | | | | Offic belo | cer (give title w) | tle Other (s below) | | |
| (Street) CHARLOTTE NC 28277 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X For For | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr.) 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3 5) | | | | nd Secui Bene Owne | ficially d Following | 6. Owne Form: D (D) or In (I) (Instr | irect direct | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 01/10 | /2020 | 2020 | | A | | 3.536 ⁽¹⁾ A | | \$(| 2,013.536 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| L. Title of Derivative Security Instr. 3) Security Price of Derivative Security Security Security Security Security Security Security Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | Date, | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares | | unt ber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr Forr Dire or In (I) (II | ership 1: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

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> In-Fact for Janet S. Vergis

01/14/2020

** 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.