FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL							
	OMB Number: 3235-0287							
	Estimated average burden							
1	hours per response:	0.5						

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

		Ta	ble II -	Derivati	ve Se	curit	ies Acqu	ired, I	Disp	osed of, o	or Bene	ficially	Owne	d		
			J												<u> </u>	
Common	Common Stock 03/04/		03/04/20	2021			S		1,850	D	\$58.985	5 13,849.891		D		
								Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)		(Instr. 4)
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execut (Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4		and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
		Table	I - No	n-Deriva	tive S	ecur	rities Acq	uired	, Dis	posed of,	, or Bei	eficial	y Own	ed		
(City)	(5	State) (2	Zip)										Perso	<u></u>		
CHARL	LOTTE N	NC 2	8277									X		filed by Mo	e Reporting Per re than One Rep	
(Street)					4. If A	mendi	ment, Date o	f Origin	al File	d (Month/Day	y/Year)	Line)			p Filing (Check	
13320 B	BALLANT	YNE CORPORA	TE PLA	ACE								-				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)						7	Office below	er (give title v)	Other below)	(specify			
ALFANO MICHAEL C			DENTSPLY SIRONA Inc. [ XRAY ]					X		,	10% C	Owner				
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
			·						_	,	]	(Che	ck all app	licable)	Ü	` ,

**Explanation of Responses:** 

Dane Baumgardner, Attorney-03/05/2021 In-Fact for Michael C. Alfano

Amount or Number of Shares

Expiration Date

Title

Date Exercisable

\*\* Signature of Reporting Person

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.

(A) (D)