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
\Box	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

Name and Address of Reporting Person* Vergis Janet S.			2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									ck all app Direc	ationship of Reportin all applicable) Director		ng Person(s) to Issue					
(Last)	(F	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023										Officer (give title below)			Other (: below)	specify	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)	OTTE N	C 2	28277													Form filed by More than One Reporting Person				
(City)	(S	ate) (Z	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ended to					
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	y Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Exec ay/Year) if any		Deemed ecution Date, ny onth/Day/Year)		Transaction Dispose Code (Instr. and 5)		Disposed	ities Acquired (<i>i</i> d Of (D) (Instr. 3			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or F	Price	Report Transa (Instr.	rted saction(s) . 3 and 4)					
Common	Stock			05/25/2	2023			A		5,419(1) 1	A	\$ <mark>0</mark>	21,714.459			D			
		Tab		Derivativ (e.g., pu											Owne	d				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8) S. Number of Derivativ Securitie Acquired (A) or Disposer of (D) (Instr. 3, and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		4) De Se (In	Price of rivative curity str. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. This grant consists entirely of Restricted Stock Units (RSUs) that vest in full (restrictions lapse) one year from date of grant.

<u>Dane Baumgardner, Attorney-</u> <u>In-Fact for Janet S. Vergis</u> <u>05/26/2023</u>

** 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.