FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
П											
	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response	e: 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

1. Name and Address of Reporting Person*  VARON LESLIE F					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]								(Ch					wner	
(Last)	t) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023									Offic belov	er (give title w)		Other (s	specify	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street)	treet) HARLOTTE NC 28277													Form filed by More than One Reporting Person					
(City)	City) (State) (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.													
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	osed of	f, or	Ben	eficia	lly Owi	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Exec if any	Deemed cution Date, y hth/Day/Year)				ties Acquired (A I Of (D) (Instr. 3,			Securi Benefi Owned Follow	icially d <i>r</i> ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	() ()	A) or D)	Price		rted action(s) 3 and 4)			
Common	Stock			05/25/2	2023				A		5,419 <sup>(1</sup>	)	A	\$0	25,3	5,382.685		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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed ) r. 3, 4	is i		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f   !	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or Nun of	ount nber ires					

## 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 Leslie F. Varon</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.