FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Petersohn Walter						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									Check a	all app Direc	nship of Reporting I applicable) Director Officer (give title below) Chief Comme		10% C	wner
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET STE 60 W						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019									X	belov			Other (specify below)	
(Street) YORK PA 17401 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individine)	<i>'</i>					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Executi			Date,			ties Acquired (A) I Of (D) (Instr. 3, 4			and Secur Benef		cially I Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A (D	() or ()	Price	- 1-	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 01/01/2						2019			F		868 ⁽¹⁾ I		D	\$37.	7.21 32,792.4954		792.4954		D	
		Та									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares			ce of ative ity 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Shares withheld to cover taxes related to the vesting of the reporting person's RSUs.

Dane Baumgardner, Attorney-In-Fact for Walter Petersohn

01/03/2019

** 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.