| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

| Instruction 1(b). | continue. See | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | ours per respons | se: 0.5 | |
|---|----------------------|---------------------------|--|-------------------|--|------------------|---|--|
| 1. Name and Addre <u>Yankie Lisa</u> | ss of Reporting | J Person* | 2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY SIRONA Inc.</u> [XRAY] | | tionship of Repo all applicable) Director Officer (give t | 1 | son(s) to Issuer 10% Owner Other (specify | |
| (Last) 13320 BALLAN | (First) NTYNE COF | (Middle) RPORATE PLACE | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2020 | | below) Sr VP & 0 | elow) fficer | | |
| , (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/G | roup Filing (Ch | neck Applicable | |
| CHARLOTTE | NC | 28277 | | X | Form filed by | One Reporting | g Person | |
| (City) | (State) | (Zip) | | | Form filed by Person | More than On | e Reporting | |
| | | Table I - Non-Deriva | tive Securities Acquired, Disposed of, or Benef | icially | Owned | | | |
| | | 1 | | 1 | | 1 | 1 | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|---|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/19/2020 | | A | | 5,040 ⁽¹⁾ | A | \$ <mark>0</mark> | 12,418.195 | D | |
| Common Stock | 05/19/2020 | | F | | 1,497(2) | D | \$41.08 | 10,921.195 | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (* 3 / 1** | , | , | | , | , - | | | | <u>,</u> | | | |
|---|--|--|------------------|--|---|--|-------------------------------------|---------------------|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | | | Transa Code (| Transaction of Code (Instr. Derivativ | | vative rities lired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 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) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Attainment and vesting of Performance-based Restricted Stock Units (PRSUs).

2. Shares withheld to cover taxes related to the vesting of the reporting person's PRSUs.

Dane Baumgardner, Attorney-05/21/2020

In-Fact for Lisa Yankie ** 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.