FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	DC	2054	9

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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

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

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 7								
Name and Address of Reporting Person*     Brackett Erania				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]								ck all applica Director			10% Ow	vner			
(Last)	(First	,	1iddle)			3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023								Officer (give title below)  SVP, Chief Marketing Officer					
13320 BALLANTYNE CORPORATE PLACE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	TE NC	28	3277										X		-		ting Person One Reporti	ng	
(City)	(State	e) (Z	ip)		Ru	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.											atisfy								
		Tab	le I - Noi	n-Deriv	vative	e Se	curities A	Acq	uired,	Disp	osed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/			action 2A. Deemed Execution Date, if any (Month/Day/Year)		,			s Acquired (A) or of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned Fo	Forr ly (D)		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(mstr. 4)		
Common Stock 10			10/1	3/2023		A		128.111 <sup>(1)</sup>		\$0	39,183.307			D					
		Т									sed of, o			wned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution D urity or Exercise (Month/Day/Year) if any		Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported Transact	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exerci	Date Expiration Exercisable Date		Title	Amount or Number of Shares		(Instr. 4)					
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	10/13/2023			A		5.5358 <sup>(3)</sup>		(2	2)	(2)	Common Stock	5.5358	\$30.71	1,219.	844	D		

## **Explanation of Responses:**

- 1. Represents dividends on restricted stock units (RSUs) awarded to the Reporting Person in the form of additional RSUs and are subject to the same vesting terms as the underlying awards. The dividends vest simultaneously with the RSUs to which they relate. Each RSU converts to common stock on a 1:1 basis.
- 2. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable in common stock upon the reporting persons termination of employment.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner,

Attorney-In- Fact for Erania

**Brackett** 

\*\* Signature of Reporting Person

10/16/2023

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.