FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
1	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
\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* Coleman Glenn						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									ck all app Direc	olicable) tor	ng Person(s) to		wner
(Last) C/O DE	st) (First) (Middle) D DENTSPLY SIRONA INC					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023									Officer (give title below) Executive		Other (sp below) VP & CFO		вреспу
13320 BALLANTYNE CORPORATE PLACE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicab Line)					
(Street) CHARLOTTE NC 28277														, x	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(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-Derivat	tive Se	ecur	ities	Acc	juired,	Dis	posed of	, or l	Bene	ficial	ly Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					/Year) i	Execuif any	Deemed ution Date, / ith/Day/Year)				ies Acquired (A Of (D) (Instr. 3,			Securit Benefic Owned	Amount of ecurities eneficially wned Following		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code V Ar		Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Inst	1. 4)	(Instr. 4)
Common Stock 07/14/20						2023			A		228.02 ⁽¹⁾ A		A	\$0	65,683.313 ⁽²⁾			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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)				6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	per					

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. Includes 86 shares acquired between January 1st June 30, 2023 under the Dentsply Sirona Employee Stock Purchase Plan.

/s/ Dane Baumgardner,

Attorney-In-Fact for Glenn

07/17/2023

Coleman

** 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.