Instruction 1(b).

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
vacinington,	D.O.	_00.0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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

1. Name and Address of Reporting Person* FRANK ANDREAS G				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]								ck all app Direc	ctor 10% (		10% Ov	ner			
(Last)	`	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023								X	belov	er (give title v) cutive VP,	Produc	Other (s below)	·	
13320 BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable ine)							
(Street)	OTTE N	C 2	28277										X		rm filed by One Reporting Person rm filed by More than One Reporting rrson				
(City)	(S	tate) (2	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.									ided to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) 5			Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 04/14/			04/14/2	2023	023 A 461.017 <sup>(1)</sup> A		A	\$ <mark>0</mark>	129,809.055		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	Date, Transaction Code (Instr.		of	ired r osed ) : 3, 4	Expiration D (Month/Day/		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Di Se (II	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V (A) (D)		Date Expiration Exercisable Date		Title	Amo or Num of Shar	ber							

## **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.

/s/ Dane Baumgardner,

Attorney-In-Fact for Andreas 04/18/2023

G. Frank

\*\* 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.