FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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	OMB Number:	3235-0287							
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	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					<u> </u>		011 00(11) 01 1				ipany Act of								
Name and Address of Reporting Person*     Coleman Glenn					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]									lationship of ck all applica Director	ble)	Perso	10% Ow	Owner	
(Last)	(First	,	liddle)			ate of 12/20	f Earliest Tra 024	nsac	tion (Mo	nth/Da	ay/Year)		below)	give title xecutive	VP &	Other (specification)	pecity		
13320 BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	,					
(Street) CHARLOT	TE NC	28	8277								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.													
		Tab	le I - Nor	n-Deriv	vative	e Se	curities A	Acqı	uired,	Disp	osed of,	or Bene	ficially	Owned					
Dat			Date	Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned Fo	For ly (D)		: Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				(Instr. 4)	
Common Stock 04				04/12	12/2024				A		302.443 <sup>(1)</sup> A		\$0	88,751.457			D		
		T									sed of, o			wned					
1. Title of Derivative Security (Instr. 3)	Conversion Date Executi or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Da	n Date, Tran Code		ransaction Seconds (Instr. ) According for I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			d Amount ies g Security nd 4)	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Phantom Stock (Supplemental Executive Retirement	(2)	04/12/2024			A		9.4552 <sup>(3)</sup>		(2	()	(2)	Common Stock	9.4552	\$31.45	1,868.2	2052	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,

04/15/2024 Attorney-In-Fact for Glenn

Coleman

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.