FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| 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. Name and Address of Reporting Person* <u>Yankie Lisa</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | (Ched | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|---|--------|---|--------------|--------|---|---|--|------|--|--------|------------------------------|----------------------------|---|---|---|---|--|---------------------------------------|--|
| (Last) (First) (Middle) 13320 BALLANTYNE CORPORATE PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021 | | | | | | | _ x | below) | | below) ief HR Officer | | Jedny | |
| (Street) CHARLOT | TTE NC | | 8277 (ip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned L. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Day/Year) if | | Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | Disposed Of (D) (Instr. 3, 4 | | | Securities Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | ice Reported Transactio (Instr. 3 ar | | | | Instr. 4) | | |
| | | 1 | able II - D | | | | | | | | osed of, o | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security | | tercise (Month/Day/Year) if any to of vative (Month | | ate, T | Transaction Code (Instr. 8) A | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | ate of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Amount or Number of Shares | | | Transaction(s) (Instr. 4) | | | | |
| Phantom Stock (Dentsply Supplemental Savings Plan) DSSP | (1) | 06/04/2021 | | | A | | 3.2868 ⁽²⁾ | | (1) |) | (1) | Common Stock | 3.2868 | \$66.74 | 38.37 | 85 | D | | |

Explanation of Responses:

- 1. 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.
- $2. \ Comprised \ of \ phantom \ stock \ acquired \ as \ a \ result \ of \ contribution \ to \ the \ Dentsply \ Supplemental \ Savings \ Plan.$

<u>Dane Baumgardner, Attorney-</u> In-Fact for Lisa Yankie

06/07/2021

** 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.