FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
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* VARON LESLIE F				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]										ationship of Reporti k all applicable) Director		ng Person(s) to Is			
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024										Office below	r (give title		Other (s below)	specify
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					·		
(Street)	OTTE NO	2	8277												Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	<u>Z</u> ip)		$ $ $ $ $ $	Check th	nis box	to indic	cate that a	a trans	ction Indication neaction was made pursuant to a contract, instruction or written plan that is intended to tions of Rule 10b5-1(c). See Instruction 10.								
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Disp	oosed of	, or B	enefi	ciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date		cution Date,				es Acquired (A) Of (D) (Instr. 3, 4		4 and Securi Benefi Owned		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D) Pri		ice	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 05/23/2					2024			A		7,994(1)) A \$0		\$ <mark>0</mark>	33,552.303			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)	rivative Conversion or Exercise (Month/Day/Year) Execution Date, if any			4. Transaction Code (Instr. 8) Secur Acqui (A) or Dispo of (D) (Instr. and 5)		ative rities ired osed	Expiration Date		te	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
								Date Exercis	able	Expiration Date	Title	Number of Shares							

Explanation of Responses:

1. This grant consists entirely of Restricted Stock Units (RSUs) that vest in full (restrictions lapse) one year from date of grant.

Dane Baumgardner, Attorney-05/24/2024 In-Fact for Leslie F. Varon

** 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.