FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(c). Si	ee Instructio	1 10.																	
Name and Address of Reporting Person* Vergin Langet S.					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Vergis Janet S.</u>														✓ Director			10% Ov	vner	
(Last) C/O DE	Last) (First) (Middle) C/O DENTSPLY SIRONA INC					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025								Offi bel	cer (give title ow)		Other (s below)	specify	
13320-B BALLANTYNE CORPORATE PLACE					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHARLOTTE NC 28277														Line) Form filed by One Reporting Person Form filed by Mary than One Reporting					
CHARLOTTE NC 28277														Form filed by More than One Reporting Person					
(City)	(State)	(Zip)																
		Та	ble I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5)			Acquired (A) or (D) (Instr. 3, 4 and		nd Secu Bene Own	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)			Price	Trans	Transaction(s) (Instr. 3 and 4)			(111341. 4)	
Common Stock 01/10/2					2025				A		68.367 ⁽¹⁾ A		\$(30,013.846			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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8) Sec Acc (A) Dis		osed) r. 3, 4	6. Date Exercis Expiration Dat (Month/Day/Ye		te Amoun (ear) Securit Under) Derivat Securit 3 and 4		ount of urities erlying vative urity (I d 4)	nstr.	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	or Nur of	ount nber ires					

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.

Dane Baumgardner, Attorney- 01/14/2025 In-Fact for Janet S. Vergis

** 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.