FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 OMB Number: 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* SLOVIN JEFFREY							2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									all app	olicable) ctor	g Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET STE 60 W						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2016									X	belov	,	be	Other (specify below)	
(Street) YORK (City)	YORK PA 17401				4. If	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 Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
Di				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						and Secur Benef Owne		cially I Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	()	A) or D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock															544		I	By Spouse		
Common Stock 11/20/2					/2016	2016			F		2,624(1)		D	\$60	.16	787,931.427		D		
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	ate, Transaction		on of		6. Date E Expiratic (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		rative Irity r. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(A) (D)			Expiration Date	Amount or Number of Shares		nber						

Explanation of Responses:

1. Shares withheld to cover taxes related to the vesting of the reporting person's RSUs.

Michael Friedlander, Attorney-11/22/2016 In-Fact for Jeffrey T. Slovin

** 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.