FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:		3235-028									
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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 [*] Michel Ulrich						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
IVIICIIEI	Officia										_	_				Direc	ctor		10% C)wner	
(Last) (First) (Middle)						2. Date of Fayliast Transaction (Month/Day/Vee)								\dashv	X	Office belov	er (give title v)		Other (specify below)		
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/14/2016										Exec	utive Vice	Presiden	t & C	FO	
221 WEST PHILADELPHIA STREET					10/	10/14/2010										dave vice	110010011				
SUITE 6	OXA7																				
JOILE OUT							4. If Amandment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street) YORK	PA	. 1	7401												X	Form	n filed by One	e Reportin	g Pers	on	
TORK	FF	1	1/401														filed by Mo	re than On	e Rep	orting	
																Pers	on				
(City)	(S	tate) (Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	efici	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action	Execution Date,			3.									6. Owners		7. Nature	
		-		Date (Month/	Day/Vor					Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 a					orm: Direct D) or Indirect	of Indirect Beneficial		
(Month/Da					Dayrie	ay/Year) if any (Month/Day/Year)									l Following		l) (Instr. 4)	Ownership			
						, , ,					Amount (A) or			-		Reported Fransaction(s)			(Instr. 4)		
							Code	٧	Amount	- [(D) Pric		(Instr. 3 and 4								
Common Stock 10/14/						4/2016					58.46	58.46 ⁽¹⁾ A		\$	0	76,014.845		D			
		To	blo II - F	Corivati	ivo S	0011	ritios	Λοαιιί	irod Di	cno	sed of,	or D	onofi	oiall	· O	vnod		,			
		Id									onvertib				y Ov	viieu					
1. Title of	2.	3. Transaction	3A. Deemed Execution D if any (Month/Day)	Date, Tra					6. Date Exercisa			7. Title and			8. Pric					11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Transa Code (Expiration (Month/Da			Amount of Securities			Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Wolldin Dayriear)			8)				(MOIIIII/Day/Teal)				Underlying			r. 5)	Beneficially	Direct	Direct (D)	Ownership	
Derivative						Acquired				Derivative				-t 2	.		Owned	or Ind		(Instr. 4)	
	Security					(A) or Disposed						Security (Instr. and 4)					Following Reported	(I) (Ins	str. 4)		
							of (D) (Instr. 3, 4 and 5)					""" ',					Transaction	(s)			
															_		(Instr. 4)				
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													Amou								
													Nun	nber							
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	res							
	1						1 ' '			- 1							ı				

Explanation of Responses:

1. Represents dividends on restricted stock units awarded to the Reporting Person in the form of additional restricted stock units subject to the same vesting terms as the underlying awards.

Michael Friedlander, Attorney10/18/2016 **In-Fact for Ulrich Michel**

** 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.