FORM 4

UNITED STATES SECUR

Washington, D.C. 20549

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ON	/IB APPROVAL

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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).

Check this box to indicate that a crieck this box of indicate that 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 10b5-1(c). See Instruction 10.

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. Name and Address of Reporting Person* ROSENZWEIG RICHARD C					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O DENTSPLY SIRONA INC					3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024							\dashv	Officer (give title below) EVP, Corp Dev, GC & Secretary						
13320-B BA	ALLANTY	NE CORPORAT	E PLACE	,															
(Street) CHARLOTTE NC 28277				4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Stat	e) (Z	Zip)																
		Tal	ole I - Noi	n-Deri	vativ	e Se	curities A	Acq	uired,	Dis	osed of,	or Ben	eficial	ly Ow	vned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					saction //Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 and 1)			(A) or 3, 4 and	or 5. Amount Securities Beneficially Following Reported		Form:		: Direct Ir Indirect B str. 4)	'. Nature of ndirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	1	Reported Transactior (Instr. 3 and	n(s) d 4)		l (II	nstr. 4)		
Common Sto	ock			10/1	1/202	24			A		266.906(1) A	\$()	56,207.949			D	
							urities Ad							Own	ned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year) if a		3A. Deemed Execution I if any (Month/Day	tion Date, Tr		Transaction Derivative Securities		A) or	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Sha	er		(Instr. 4)	on(s)		
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	10/11/2024			A		12.8646 ⁽³⁾		(2)	(2)	Common Stock	12.86	46	\$24.5	1,982.5	335	D	

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.
- 2. 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.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner, Attorney-

10/15/2024 In-Fact for Richard C.

Rosenzweig

** 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.