FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFICI	<b>AL OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
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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* <u>Friedman Jonathan I</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]						(Ched	ck all applica Director	n(s) to Issue 10% Ow Other (sp	ner				
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/08/2016					X	below)	below)	,				
SUITE 60W				4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						6 Ind	6. Individual or Joint/Group Filing (Check Applicable					
(Street) YORK	PA	1	7401		and an entire the control of					. • • • • • • • • • • • • • • • • • • •	Line)						
(City)	(Stat	e) (ž	Zip)									1 013011					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			nsaction h/Day/Ye	action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4)			5. Amount Securities Beneficial Owned Fo Reported	s Following (I)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code V	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	on(s) id 4)			(Instr. 4)			
	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)	Conversion Date Executor Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
RSU (Restricted Stock Unit)	\$0 <sup>(1)</sup>	04/08/2016		A		26.085 <sup>(2)</sup>		(3)	(4)	Common Stock	26.085	\$0	26.08	35	D		
PSU (Performance Stock Unit)	\$0 <sup>(1)</sup>	04/08/2016		A		23.051 <sup>(5)</sup>		(6)	(4)	Common Stock	23.051	\$0	23.05	51	D		

## Explanation of Responses:

- 1. Shares convert to common stock on a 1:1 basis.
- 2. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 3. Dividends vest simultaneously with Restricted Stock Units to which they relate.
- 4. Not applicable to this transaction.
- 5. Dividend on existing vested or unvested Performance Stock Unit (PSU) awarded to Reporting Person, payable as additional units of Phantom Stock.
- ${\bf 6.\ Dividends\ vest\ simultaneously\ with\ Performance\ Stock\ Units\ to\ which\ they\ relate}.$

<u>Michael Friedlander, Attorney-</u> <u>In-Fact for Jonathan I. Friedman</u>

04/12/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.