FORM 4

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

Washington, D.C. 20549

HILO	AND EXCHANGE COMMISS
A / I- : 4	D 0 00540

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 10b5Filed 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). S	ee Instruction	10.																	
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Wenzel Ilse Dorothea						DETTISTED SINOTATIBE. [ ARAT ]									✓ Direct	tor		10% Ov	vner
	NTSPLY S	IRONA INC	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024									Office below	er (give title v)		Other (s below)	specify	
13320-B BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															Form filed by One Reporting Person				
CHARLOTTE NC 28277															Form filed by More than One Reporting Person				orting
(City)	(S	itate) (	Zip)																
		Table	l - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (Instr. 3)  5)				nd Securit Benefit Owned	ities Folicially (D		. Ownership orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A (C	A) or D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 10/11/2					2024		A		47.588(1	)	A	\$(	16,482.911			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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rities lired r osed )	6. Date Expirat (Month	ion Da	te Amo ear) Secu Unde Deriv Secu		7. Title and Amount of Securities Inderlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber res					

## **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.

/s/ Dane Baumgardner, Attorney-in-Fact for Ilse

Dorothea Wenzel

\*\* Signature of Reporting Person

10/15/2024

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.