FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF C	CHANGES	IN BENE	FICIAL	OWNERS	HIP
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OMB Number: Estimated average burden hours per response: 0.5

OMB APPROVAL

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>Jetter Thomas</u>			2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									Relationsh heck all ap X Dire	plicable)		Owner			
(Last) (First) (Middle) C/O SIRONA DENTAL SYSTEMS, INC. 30-30 47TH AVENUE, SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016									Offic belo	er (give title w)	Othe belo	r (specify w)		
(Street) LONG IS CITY (City)	N.	AND NY 11101 (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Liı	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	า-Deriva	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or	Bene	ficia	lly Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				d Secui Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount		(A) or (D)	Price	Trans	action(s) 3 and 4)		(1130.4)
Common Stock 02/29/			/2016		A		23,188 ⁽¹⁾ A		(2)(23,188		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)	perivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8) Secu Acqu (A) o Disp of (D) (Instrand 1		rities ired osed . 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber				

Explanation of Responses:

- 1. Includes 7,002 restricted stock units ("RSU").
- 2. On February 29, 2016, pursuant to an Agreement and Plan of Merger, dated as of September 15, 2015 (the "Merger Agreement"), by and among Sirona Dental Systems, Inc. ("Sirona"), DENTSPLY SIRONA Inc. (the "Issuer") and Dawkins Merger Sub Inc., a wholly owned subsidiary of the Issuer ("Merger Sub"), Merger Sub merged with and into Sirona, with Sirona continuing as the surviving entity and a wholly owned subsidiary of the Issuer (the "Merger").
- 3. Acquired pursuant to the Merger Agreement in which (x) each share of Sirona common stock issued and outstanding immediately prior to the consummation of the Merger was converted into 1.8142 shares of Issuer common stock and (y) each unvested RSU outstanding immediately prior to the consummation of the Merger was assumed by the Issuer and was converted into 1.8142 RSUs of the Issuer on the same terms and conditions as were in effect immediately prior to the completion of the Merger; in each case rounded down to the nearest whole share or RSU, as applicable.

/s/ Michael Friedlander,

03/02/2016 Attorney-in-Fact for Thomas

<u>Jetter</u>

** 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.