FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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).

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>Brackett Erania</u>						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								(Che	eck all app Direc	nship of Reporting Pe applicable) Director Officer (give title elow) SVP, Chief Market		rson(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE						3. Date of Earliest Transaction (Month/Day/Year) 11/16/2022									belov			below)	·	
(Street) CHARLOTTE NC 28277 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 11/17/2022								Line	individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	l - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,				es Acquired (A Of (D) (Instr. 3,		4 and Secur Bene Owne		cially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or P	rice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(111311. 4)	
Common Stock 11/16/20					2022			F		2,406(1)	Ι) :	\$30.6		,046.485		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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	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	or Num of Title Sha		.						

Explanation of Responses:

1. Shares withheld to cover taxes related to the vesting of the reporting person's Restricted Stock Units, as previously reported in Table I.

/s/ Dane Baumgardner,

Attorney-In- Fact for Erania 11/28/2022

Brackett

** 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.