(Last)

SUITE 60W

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
|-----------------|------|--------|
| vvasiliilytuii, | D.C. | 20049 |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|--|-----------|------------|---------------|-----------|
|--|-----------|------------|---------------|-----------|

| l | OMB APPRO | DVAL |
|---|------------------------|-----------|
| l | OMB Number: | 3235-0287 |
| l | Estimated average burd | len |
| l | 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).

(First)

221 WEST PHILADELPHIA STREET

(Middle)

1. Name and Address of Reporting Person*

Kowaloff Arthur D

| or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | |
|--|--|----------------------------|-----------------------|--|--|--|--|--|
| 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | X | Director | 10% Owner | | | | | |
| 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2016 | | Officer (give title below) | Other (specify below) | | | | | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |

| | | | | | - 4. If | Ame | ndment | , Date o | f Original | Filed | (Month/Da | ay/Year | r) | 6. Ind Line) | | or Joint/Group | p Filir | ng (Check A | pplicable |
|--|---|--|---|---------|---|-------------|------------------------------|----------|--|--------------------|---------------------|---|-------|-------------------|--|---|---|---|--|
| (Street) | T) A | | 17401 | | | | | | | | | | | X | Forr | n filed by On | e Re | porting Pers | on |
| YORK | PA | | 17401 | | | | | | | | | | | | Forr Pers | n filed by Mo son | re tha | an One Rep | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Nor | า-Deriv | /ative | Sec | curitie | s Acc | uired, | Disp | osed o | f, or | Bene | ficially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction D Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | Amount (A) or (D) | | Price | Trans | action(s) 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 12/0 | 8/2016 | 6 | | | G | V | 1,300 |) | D | \$ <mark>0</mark> | 2 | 28,479 | | D | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | action of E | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of Privative Privati | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code V | | (A) | | | | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |

Explanation of Responses:

<u>Michael Friedlander, Attorney-</u> <u>In-Fact for Arthur D. Kowaloff</u>

12/12/2016

** Signature of Reporting Person

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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.