FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|---|---|---|---|---|--|---|--|--|---|--|--|---|---|--|-------|--|--|--|
| BEECKEN DAVID | | | | | | | | | | | | | | Directo | r | | 10% Ow | ner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | Other (sp below) | ecify | |
| 221 WES | 1 10/ | 10/1/2010 | | | | | | | | | | | | | | | | | |
| SUITE 60W | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | • | | | | | | | | | Line) | | | | | |
| ` ' | | 17405 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| | | | 17 100 | | | | | | | | | | Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ear) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F Reported | s ally ollowing | Form: | Direct Ir Indirect B str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code V | Amoun | (A) (D) | or F | rice | Transacti (Instr. 3 a | ion(s) | | | 1150. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amoun Securit Underly Derivat | 7. Title and Amount 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 Transaction(s) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | С | Code | v | (A) | | Date Exercisable | Expiration Date | Title | or Nu of | mber ares | | (Instr. 4) | (5) | | | |
| RSU (Restricted Stock Unit) | \$0 ⁽¹⁾ | 10/14/2016 | | | A | | 6.033 ⁽¹⁾ | | (1) | (1) | Commo | | 033 | \$0 | 1,235.13 | 39 | D | | |

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.

<u>Michael Friedlander, Attorney-</u> <u>In-Fact for David K. Beecken</u>

10/18/2016

** 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.