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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* VARON LESLIE F					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									(Ch	eck all app	ationship of Reportir all applicable) Director		10% Ov	
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023										Office belov	er (give title v)		Other (s	specify
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	i. Individual or Joint/Group Filing (Check Applicabine) X Form filed by One Reporting Person						
(Street) CHARLOTTE NC 28277				D										Form filed by More than One Reporting Person					
(City)	(5	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See								t to a co	ontract, instr ction 10.	uction or writt	en plan t	that is inter	nded to	
		Table	I - No	n-Deriva	ative	Secu	rities	Acq	uired,	Dis	posed of	, or I	Ben	eficia	Ily Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exec y/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefi Owned	ties cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A (D	() or ()	Price	Report Transa (Instr. 3	ection(s) 3 and 4)			(Instr. 4)			
Common Stock 04/14/						2023			A		31.398(1	1) A		\$ <mark>0</mark>	19,9	19,963.685		0	
	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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	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	Title	or Nur of	ount mber ires					

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.

Dane Baumgardner, Attorney-04/18/2023 In-Fact for Leslie F. Varon

** 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.