FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, [	D.C.	20549	
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STATEMENT	OF	CHANGES	IN BE	ENEFICIA	L O	WNERS	SHIP

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*  Deese Willie A				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]								k all app Direc	licable) tor	ng Per	rson(s) to Is				
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024									Office below	r (give title		Other (s below)	specify	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person									
(Street)	OTTE NO	2	8277			Form filed by More than One Reporting Person													
(City)	(Sta	ate) (Z	ľip)		$ $ $ $ $ $	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant transaction to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir							suant to						
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Disp	oosed of	, or B	enefi	ciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution D		Date,	Transaction D Code (Instr. 5		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		, 4 and Securi Benefi Owned		ies ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 05/23/				05/23/2	2024		A		7,994(1)	A		\$0		43,092.936		D			
		Tat									osed of, o				Owned	t			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  1. Title of Conversion Date Execution Date (Month/Day/Year)  To Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)			Expirati (Month/	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		unt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration of Date Title Share		of Shares	s					

## **Explanation of Responses:**

1. This grant consists entirely of Restricted Stock Units (RSUs) that vest in full (restrictions lapse) one year from date of grant.

/s/ Dane Baumgardner,

Attorney-In-Fact for Willie A. 05/24/2024

Deese

\*\* 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.