FORM 4

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

Washington,	D.C. 20549	

STATEMENT (	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number: 3235-028									
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).

Instruct	ion 1(b).			Filed	pursual or Se	nt to S ction 3	ection 16(a) 0(h) of the I	of the S rvestme	ecuriti nt Cor	es Exchang npany Act o	e Act f 194	t of 193 0	34		lioura	pci 103		
1. Name and Address of Reporting Person* HOLDEN BETSY D				2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)			Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/12/2024							X Direct Office below	er (give title		10% Ov Other (s below)			
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street)	OTTE N	C 2	8277												filed by Mo		•	
(City)	(Si	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			Securi Benefi Owned	Securities F Beneficially ( Owned Following (		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	Amount (A) or (D)		Price	Transa	eported ansaction(s) estr. 3 and 4)			(Instr. 4)
Common	Stock			04/12/2	2024			A		129.769	1)	A	\$ <mark>0</mark>	29,7	762.583		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Expirat (Month	ion Da		Ame Sec Und Deri Sec	itle and ount of curities derlying ivative curity (I ad 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **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.

Date Exercisable

and 5)

(A)

(D)

Dane Baumgardner, Attorney-04/15/2024 In-Fact for Betsy D. Holden

Title

Expiration Date

Amount Number

of Shares

\*\* 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).

Code

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.