FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMI |
|---|---------|
| obligations may continue. See | |
| Instruction 1(b). | F |

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Coggin Matthew | | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | | | | ationship of Reporti call applicable) Director Officer (give title | | 10% C | | | |
|---|---|--|----------|-----------------------------------|---|---|--|---|--|--|------------------------|---|--------------------------------------|---|---|---|--|---|--|--|
| (Last) 13320 B | ` | rst) (I | Middle) | ACE | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2021 | | | | | | | | | below | <i>I</i>) | below) Dev & Strategy | | | |
| (Street) CHARLO (City) | ARLOTTE NC 28277 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) Pi | | e | Transaction(s) (Instr. 3 and 4) | | | | (50. 4) | | | |
| Common Stock | | | | | 2021 | | | | A | | 15,579 ⁽¹⁾ | P | | \$ <mark>0</mark> | 34,454.505 | | D | | | |
| Common Stock 11/0 | | | | 11/05/2 | 2021 | | | | F | | 5,570 ⁽²⁾ D | | \$5 | 5.81 | 1 28,884.505 | | D | | | |
| | | Ta | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | of | r osed (, 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Insi | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | | |

Explanation of Responses:

- 1. Attainment and vesting of Performance-based Restricted Stock Units (PRSUs)
- 2. Shares withheld to cover taxes related to the vesting of the reporting person's PRSUs.

Dane Baumgardner, Attorney-**In-Fact for Matthew Coggin**

11/09/2021

** Signature of Reporting Person

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.