## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL

OMB APPROVAL OMB Number: 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*  Friedman Jonathan I  (Last) (First) (Middle)  221 WEST PHILADELPHIA STREET						Issuer Name and Ticker or Trading Symbol     DENTSPLY SIRONA Inc. [ XRAY ]  3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016										eck all appl Direct X Office below	tionship of Reporting Pe call applicable) Director Officer (give title below) SVP General Coun		10% Ov Other (s below)	wner specify
SUITE 60W						4. If Amendment, Date of Original Filed (Month/Day/Year)     5. Individual or Joint/Group Filing (Check Applicable											pplicable			
(Street) YORK	PA	A :	17401		-											filed by Mo	e Reporting Person re than One Reporting			
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deri\	ative/	Se	curit	ies Ad	cqu	uired, I	Dis	posed o	of, or	Ber	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,				Transaction Dis		Dispose	ecurities Acquired (A) posed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(1	A) or D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 05/				05/13	3/2016	/2016			М		1,458 A \$		\$34.2	9 14	147,127		D			
		Т										osed of onverti				Owned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	Code		n of		Ēχ	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate kercisable		xpiration ate	Title		Amount or Number of Shares					
Employee Stock Option (Right to	\$34.29	05/13/2016			М			1,458		(1)	1	1/20/2022	Comn		1,458	\$0	4,213		D	

## **Explanation of Responses:**

1. This option vests in four substantially equal installments on each of November 20, 2013, 2014, 2015 and 2016.

Michael Friedlander, Attorney-

**OWNERSHIP** 

In-Fact for Jonathan I. 05/17/2016

**Friedman** 

\*\* 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.