FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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OMB APPROVAL										
OMB Number: 3235-0287										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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* <u>Johnson Robert Anthony</u>				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								(Checl	k all app Direc	licable) tor		Owner			
(Last) (First) (Middle) C/O DENTSPLY SIRONA INC 13320-B BALLANTYNE CORPORATE PLACE						3. Date of Earliest Transaction (Month/Day/Year) 11/29/2024								Officer (give title Other (specify below) SVP, Chief Supply Chain Office					
(Street) CHARLOTTE NC 28222 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi	,						
(0.0)				n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					5. Amo Securit Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	PI	rice	Transa	ction(s) 3 and 4)		(111511. 4)	
Common Stock 11/29/2				:024		F		8,381(1)	D	\$	\$19.65		123.886	D					
Common Stock 11/29/2				2024			F		281 ⁽¹⁾ D \$		19.65	87,142.886		D					
		Tal									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)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transa Code (8)				6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficia Ownershi ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. Shares withheld to cover taxes related to the vesting of the reporting person's Restricted Stock Units and dividend equivalent units previously reported in Table I.

/s/ Dane Baumgardner,

Attorney-In-Fact for Robert 12/02/2024

Anthony Johnson

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).