FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

ton, D.C. 20549	$\overline{}$

	OMB APPROVAL									
	OMB Number:	3235-0287								
ı	Estimated average burden									
1	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FRANK ANDREAS G						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	st) (First) (Middle) D DENTSPLY SIRONA INC						3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024								X Office (give tule Other (specify below) Executive VP, Product Group				
13320 BALLANTYNE CORPORATE PLACE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CHARLOTTE NC 28277					Ru	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)						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.													
		Tal	ole I - Nor	n-Der	ivativ	e Se	curities A	۱cq	uired,	Disp	osed of,	or Ben	eficially (Owned					
1. Title of Security (Instr. 3) 2. Transc Date (Month/D						ear)	2A. Deemed Execution Da if any (Month/Day/Y	Code (Instr.			4. Securities Disposed O					Form:	Direct I Indirect I tr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				Instr. 4)	
Common Stock 01/12/						4			A		362.265(1) A	\$0	117,485.29			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)	3A. Deemed Execution Date if any (Month/Day/Ye	Date,	4. Transact Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	01/12/2024			A		18.8476 ⁽³⁾		(2))	(2)	Common Stock	18.8476	\$36.8	4,972.4	1066	D		

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.
- 2. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable in common stock upon the reporting persons termination of employment.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner, Attorney-In-Fact for Andreas G. Frank

** 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.