FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

5 Relationship of Reporting Person(s) to Issuer

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

2 Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* <u>Berthan Rainer</u>						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]									all applic Directo	r		10% Ov	vner	
(Last)	ast) (First) (Middle) 21 WEST PHILADELPHIA STREET STE 60 W					3. Date of Earliest Transaction (Month/Day/Year) 11/08/2016								X Officer (give title below) Other (specify below) Exec VP, Mfg & Supply Chain					`	
(Street) YORK PA 17401 (City) (State) (Zip)					_	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			le I - N			_			·	d, D	isposed o	-		ılly						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution			n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			nd 5) Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/08/20					2016	016			M		16,327	A	\$24.0	\$24.68		50,727.086		D		
Common Stock 11/08/20					/2016	016			S		16,327(2)	D	\$60.5	831	34,40	34,400.086		D		
Common Stock 11/08/20					/2016	16			S		5,000(3)	D \$60.4906		29,400.086			D			
		-	Table II								posed of, convertil				wned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties g e Security	D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares	r						
Stock	l												1						1	

Explanation of Responses:

Option

(Right to Buv)

1. This option is fully vested and exercisable

\$24.68

- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$59.525 to \$60.87, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$59.525 to \$60.73, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Michael Friedlander, Attorney-**In-Fact for Berthan Rainer**

16,327

Common

07/02/2022

11/10/2016

** 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).

11/08/2016

** 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.