FORM 4

UNITED ST

Washington, D.C. 20549

ATES SECURITIES AND EXCHANGE COMMISSION

OMB ADDDOVAL

- 1	O WID AT TINC	/ V/\L					
	OMB Number:	3235-0287					
	Estimated average burde	en					
- 1	hours nor roomanas:	0.5					

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 10b5-1(c). See Instruction 10.

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

1. Name and Address of Reporting Person* Johnson Robert Anthony (Last) (First) (Middle)						Sur Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] 3. Date of Earliest Transaction (Month/Day/Year)								lationship of ck all applica Director Officer (below)	ble)		10% Ow Other (sp below)	ner pecify		
C/O DENTSPLY SIRONA INC						10/11/2024								SVP, C	hief Sup	ply C	hain Offic	e		
13320-B BALLANTYNE CORPORATE PLACE							If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHARLOTTE NC 28222						The months of the state of the								Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State	e) (Z	ip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)				s Acquired (A) or of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned Fo Reported	Form ly (D) or		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount (A) or (D)		Price	Transaction (Instr. 3 ar						
Common Stock 10/11.						/2024			Α		439.967 ⁽¹⁾ A		\$0	95,804.886			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 Execution Date, (Month/Day/Year) if any (Month/Day/Year)		Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)		Date Exerci	ate Expiration xercisable Date		Title	Amount or Number of Shares		(Instr. 4)					
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	10/11/2024			A		19.073 ⁽³⁾		(2	?)	(2)	Common Stock	19.073	\$24.5	2,939.3	174	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 Robert 10/15/2024

Anthony Johnson

** 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.