## FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

IRITIES AND EXCHANGE COMMIS	SION	
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Ì	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 crieck this both of indicate that the accontract, 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					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]							(Che	ationship of I k all applicat Director Officer (o	ole)	Person	10% Ow	ner	
(Last) (First) (Middle) C/O DENTSPLY SIRONA INC						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025								officer (give title Other (specific below)  SVP, Chief Supply Chain Office			´	
13320-B BALLANTYNE CORPORATE PLACE																		
(Street) CHARLOTTE NC 28222				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Stat	e) (Z	ľip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed O Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficially Following I Transaction	y Owned Reported	Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)				(Instr. 4)
Common Stock 01/10					0/202	5			A		382.359(1	A	\$0	\$0 87,712.24			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 D if any (Month/Day	on Date,	4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(a)		
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(3)	01/10/2025			A		25.4141 <sup>(4)</sup>		(3)	)	(3)	Common Stock	25.4141	\$18.51	2,964.7	7315	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. Includes 187 shares acquired between July 1st December 31, 2024 under the Dentsply Sirona Employee Stock Purchase Plan.
- 3. 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.
- 4. Comprised of phantom stock acquired as a result of accrued dividends.

/s/ Dane Baumgardner, Attorney-

In-Fact for Robert Anthony 01/14/2025

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.