FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington.	D.C.	20549	

Washington, [D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
OMB Number: 3235-028										
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject to
	Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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* Wagner Richard M					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last)	(First	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/18/2024						X	Officer (g below) VP, C	Other (sp below) ag Officer	pecify		
Table Tabl				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) CHARLOTTE NC 28277				Ru	Form filed by More than One Reporting Person 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 in affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									itended to sa	tisfy the							
		Tal	ole I - Non	n-Der	ivativ	e Se	curities A	Acq:	uired, Disp	osed of,	or Bene	ficially C	Owned				
1. Title of Security (Instr. 3) 2. Transc Date (Month/D					action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 1)			(A) or 3, 4 and 5)	and 5) Securities Beneficially Following		Form:	Direct I ndirect E tr. 4) (7. Nature of ndirect Beneficial Ownership		
				Code V			Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Transaction Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title an of Securit Underlyin Derivative (Instr. 3 and		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	JII(3)		
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(1)	03/18/2024			A		903.962 ⁽²⁾		(1)	(1)	Common Stock	903.962	\$35.59 ⁽³⁾	903.96	52	D	

Explanation of Responses:

- 1. 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.
- 2. Comprised of phantom stock.
- $3. \ Supplemental\ Executive\ Retirement\ Plan\ (SERP)\ contribution\ for\ the\ year\ 2023\ based\ on\ closing\ price\ on\ 12/29/2023.$

/s/ Dane Baumgardner, Attorney-03/19/2024 In-Fact for Richard M. Wagner

** 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.