FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 49 | OMB APPROVAL |
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| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| 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* <u>Jetter Thomas</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|---|-----------------------------------|------------------------------------|---|----------------------|--|---------------------------|--|-----------------|---|--|--|---|--|--|
| (Last) 221 WES | ` | irst) DELPHIA STRE | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2016 | | | | | | | • | (give title | Other (s | | |
| SUITE 60W | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) YORK | P/ | A | 17401 | | | | | | | | | Form fi | ed by One Repeted by More that | J | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-I | Derivativ | re Se | curities | Acc | quired, Dis | sposed o | f, or Ber | eficiall | y Owned | | | | |
| Date | | | | . Transactio ate Month/Day/Y | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | 5. Amour Securities Beneficia Owned Fo | es Forr ally (D) o Following (I) (II | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | (instr. 4) | | |
| | | • | Table II - De (e. | | | | | uired, Disp , options, | , | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Da if any (Month/Day/Y | rate, Transaction Code (Instr. | | | | 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 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| RSU (Restricted Stock Unit) | \$0 ⁽¹⁾ | 04/08/2016 | | A | | 9.102 ⁽²⁾ | | (3) | (4) | Common Stock | 9.102 | \$0 | 9.102 | D | | |

Explanation of Responses:

- 1. Shares convert to common stock on a 1:1 basis.
- 2. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- ${\it 3. \ Dividends \ vest \ simultaneously \ with \ Restricted \ Stock \ Units \ to \ which \ they \ relate.}$
- 4. Not applicable to this transaction.

<u>Michael Friedlander, Attorney-</u> <u>In-Fact for Thomas Jetter</u>

04/12/2016

** 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).
- ** 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.