FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasiiiigtoii, t	J.C. 20349	

0	MB APPROVAL

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

1. Name and Address of Reporting Person* MOSCH JAMES G					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								ck all applica Director Officer (ationship of Reporting call applicable) Director Officer (give title		10% Ow Other (sp	ner
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017							pelow)	ent & CI	EO Co	below) onsumables	5	
SUITE 60V	W			4 1	f Amoi	ndment Dat	e of (Original I	ilod (Month/Day/\	Voar)	6 Inc	lividual or 10	int/Group	Filing /	Check Appli	cable
(Street) YORK	PA	1	7401	_ *."	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Stat	te) (Z	Zip)									reison					
		Tab	le I - Non-Dei	ivativ	e Se	curities A	Acq	uired,	Dis	osed of,	or Bene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			Date		action 2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 3)			(A) or 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	s Forn llly (D) o ollowing (I) (Ir		n: Direct I or Indirect I ostr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	saction(s)			(Instr. 4)		
		1	Fable II - Deriv (e.g.,							sed of, o			wned				
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		Execution Date,		Transaction Code (Instr. 8) Derivativ Securitie Acquired or Dispos		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amou of Securities Underlying Derivative Securi (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
RSU (Restricted Stock Unit)	\$0 ⁽¹⁾	01/13/2017		A		35.462 ⁽¹⁾		(1)		(1)	Common Stock	35.462	\$0	26,471.	198	D	
PRSU (Performance Measured Restricted Stock Unit)	\$0 ⁽¹⁾	01/13/2017		A		29.227 ⁽¹⁾		(1)		(1)	Common Stock	29.227	\$0	26,102.	792	D	

Explanation of Responses:

1. Represents dividends on restricted stock units (RSUs) and Performance Measured Restricted Stock Units (PRSUs), as applicable to the line item, awarded to the reporting person in the form of additional RSUs and PRSUs, respectively, and are subject to the same vesting terms as the underlying awards. The dividends vest simultaneously with the respective RSUs or PRSUs to which they relate. Each RSU or PRSU converts to common stock on a 1:1 basis.

<u>Michael Friedlander, Attorney-</u> <u>In-Fact for James G. Mosch</u>

01/17/2017

** 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.