FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	PROVAL					
OMB Number:	3235-0287					
Estimated average	e burden					

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

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
d-f

	ee Instruction				Ta .									Т						
1. Name and Address of Reporting Person*  VARON LESLIE F				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					DENTOLLI SIKONA IIIC. [ AKAI ]									✓ Direct	Director		10% Owner			
(Last)	t) (First) (Middle)  DENTSPLY SIRONA INC				3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024									1		Officer (give title below)		Other (specify below)		
13320-B BALLANTYNE CORPORATE PLACE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	OTTE N	C 2	28277												Form	n filed by On n filed by Mo on		•		
(City)	(Si	tate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if an	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Ac Disposed Of (D) 5)			Acquired (A) (D) (Instr. 3, 4		d Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (C	A) or D)	Price		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 10/11/2					2024		A		47.588(1	)	Α	\$ <mark>0</mark>	33,0	33,651.237		D				
		Та									osed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis: Price of Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	vative derivative urity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber res						

## **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.

Dane Baumgardner, Attorney-In-Fact for Leslie F. Varon

10/15/2024

\*\* 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.