FORM 4

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

Machinaton	$D \subset$	20540	
Nashington,	D.C.	20549	

STATEMENT	OF CHANGES IN	BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
houre per reenonee.	0.5							

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

1. Name and Address of Reporting Person*  CHIDAMBARAM CHIDAMBARAM ALAGAPPA  (Last) (First) (Middle)  13320 BALLANTYNE CORPORATE PLACE  (Street) CHARLOTTE NC 28277  (City) (State) (Zip)					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [ XRAY ]  3. Date of Earliest Transaction (Month/Day/Year) 04/10/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below) below)     SVP, Chief Digital Officer  6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Tra				Γransa te	action 2A. Deemed Execution Date, if any (Month/Day/Year)		aured, Disposed of, or B 3.		Acquired	(A) or	5. Amount	es Form ially (D) Following (I) (I		Direct Indirect Estr. 4)	. Nature of ndirect Beneficial Ownership Instr. 4)			
Common Stock				04/10	0/2020			Code	v	Amount (A) or (Properties of the content of the con		Price	Transactio (Instr. 3 ar	Transaction(s) (Instr. 3 and 4) 6,189.964		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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Date (Month/Day/Ye		ate of Securities		ties g e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	A) (D)		sable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(2)	04/10/2020			A		1.293 <sup>(3)</sup>		(2	)	(2)	Common Stock	1.293	\$40.2633	521.90	174	D	
Phantom Stock (Dentsply Supplemental Savings Plan) DSSP	(2)	04/10/2020			A		1.8526 <sup>(3)</sup>		(2	()	(2)	Common Stock	1.8526	\$40.26	747.38	31	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. 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.
- 3. Comprised of phantom stock acquired as a result of accrued dividends.

Dane Baumgardner, Attorney-

In-Fact for Chidambaram A.

04/14/2020

Chidambaram

\*\* 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.