FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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 defense conditions of Rule 10b5-1(c). See Instruction 10.

1005-1(0).	see msuuciion	10.																	
Name and Address of Reporting Person* MAZELSKY JONATHAN JAY						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MAZELSK I JONAIHAN JAY												1	Director			10% Ow	ner		
													Officer (giv	e title		Other (s	pecify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								below)			below)			
C/O DENTSPLY SIRONA INC						12/30/2024													
13320-B BA	LLANTY	NE CORPORAT	E PLACE																
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													Form filed by One Reporting Person						
CHARLOTTE NC 28277			28277										Form filed by More than One Reporting Person						
				—															
(City)	(Stat	te)	(Zip)																
		7	Γable I - Non⋅	Deriva	tive S	Securities /	Acq:	uired, [Disp	osed of,	or Ben	eficially O	vned						
Date				2. Transad Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.			ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount o Securities Beneficially Following Re Transaction	Owned Form: I or Indireported (Instr. 4		Direct (D) ect (I)	7. Nature of ndirect Beneficial Dwnership		
								Code	v	Amount	(A) o (D)	r Price	(Instr. 3 and 4)			(Instr. 4)			
			Table II - D			curities A	•	,	•	,		•	ned						
		la = #	·		10, 00		,	.					Tan: 1				144.114		
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)		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)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi	tive ties cially l ing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)					
Phantom Stock (Directors' Deferred Compensation)	(1)	12/30/2024		A		1,340.4826 ⁽²⁾		(1)		(1)	Common Stock	1,340.4820	\$18.65	5,797	7.0667	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 person's termination of service as a director.
- 2. Comprised of phantom stock.

/s/ Dane Baumgardner, Attorney-In-Fact for Jonathan Jay Mazelsky 01/02/2025

** 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.