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

1. Name and Address of Reporting Person* FRANK ANDREAS G						2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	(First	,	liddle)			3. Date of Earliest Transaction (Month/Day/Year) 07/12/2024								officer (give title of the company below) Exec VP/Chief Business Officer				´	
13320 BALLANTYNE CORPORATE PLACE							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHARLOT	treet) HARLOTTE NC 28277													Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Tab	le I - No	n-Deri	vativ	e Sec	urities	Acc	juired,	Dis	posed of	, or Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		I (A) or . 3, 4 and 5)	5. Amount Securities Beneficiall Following Transactio		Form:	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D)	Price	(Instr. 3 an									
Common Stock 07/12/							//2024		A		423.276	(1) A	A \$0		119,473.069(2)		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)	vative Conversion Date Execution I urity or Exercise (Month/Day/Year) if any			Date, Transaction					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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	nount (Instr. 4		(-/			
Phantom Stock (Supplemental Executive Retirement Plan) SERP	(3)	07/12/2024			A		48.4772	2 (3			(3)	Common Stock	48.4772	\$25.8	7,865.3067		D		

- 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. Includes 236 shares acquired between January 1st June 30,2024 under the Dentsply Sirona Employee Stock Purchase Plan.
- 3. 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.

/s/ Dane Baumgardner,

Attorney-In-Fact for Andreas G. 07/15/2024

Frank

** Signature of Reporting Person

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.