

Petersohn Walter
 Form 3
 September 30, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Å Petersohn Walter
 (Last) (First) (Middle)
 09/20/2010

2. Date of Event Requiring Statement
 (Month/Day/Year)
 09/20/2010

3. Issuer Name **and** Ticker or Trading Symbol
 SIRONA DENTAL SYSTEMS, INC. [SIRO]

4. Relationship of Reporting Person(s) to Issuer
 5. If Amendment, Date Original Filed(Month/Day/Year)

C/O
 SIRONA,Å WASSERFELDSTRASSE
 30 A-5020
 (Street)

(Check all applicable)

___ Director ___ 10% Owner
 ___X___ Officer ___ Other
 (give title below)(specify below)
 Executive Vice Pres of Sales

6. Individual or Joint/Group Filing(Check Applicable Line)
 ___X___ Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

SALZBURG,Å C4Å 5020
 (City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 5,000 ⁽¹⁾ | D | Å |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|---|---|---|--|
|---|---|---|---|---|--|

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| | Date Exercisable | Expiration Date | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) |
|--------------------------------------|------------------|-----------------|----------------------------|----------|---------------------------------------|
| Employee Stock Option (Right to Buy) | Â (2) | 12/08/2018 | Common Stock | 20,000 | \$ 11.9 D Â |
| Employee Stock Option (Right to Buy) | Â (3) | 12/13/2016 | Common Stock | 7,154 | \$ 11.73 D Â |
| Employee Stock Option (Right to Buy) | Â (4) | 12/11/2017 | Common Stock | 11,492 | \$ 11.73 D Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|--------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Petersohn Walter C/O SIRONA WASSERFELDSTRASSE 30 A-5020 SALZBURG, Â C4Â 5020 | Â | Â | Â Executive Vice Pres of Sales | Â |

Signatures

Walter Petersohn, by Michael Friedlander,
Attorney 09/30/2010

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) Represents 5,000 restricted stock units, which shall vest as follows: 1,666 on 12/8/2011, 1,667 on 12/8/2012 and 1,677 on 12/8/2013.
- (2) The employee stock option shall vest as follows: 5,000 shares on each of 12/8/2009, 12/8/2010, 12/8/2011 and 12/8/2012.
- (3) The employee stock option shall vest as follows: 3,576 shares on 1/21/2010, 1,788 shares on 12/31/2010 and 1,790 shares on 12/31/2011.
- (4) The employee stock option shall vest as follows: 2,873 shares on each of 1/21/2010, 12/11/2010, 12/11/2011 and 12/11/2012.

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Remarks:

EXHIBITÂ INDEX:Â Â EXHIBITÂ 24Â -Â POWERÂ OFÂ ATTORNEY

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.