Edgar Filing: DENTSPLY SIRONA Inc. - Form 4

DENTSPLY SIF	RONA Inc.										
Form 4	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	STATEN Filed pur	rsuant to S (a) of the l	F CHAN Section 1 Public U	NGES IN SECUI 16(a) of th Itility Hol	BENEF RITIES ne Securi ding Cor	ICIAL O` ties Excha npany Act	WNERSHIP OI nge Act of 1934, of 1935 or Secti	Expires: Estimated burden hou response	urs per		
See Instruction 1(b).	n	30(n)	of the li	ivestmen	t Compar	ny Act of 1	.940				
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> ALFANO MICHAEL C			2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]				5. Relationship of Reporting Person(s) to Issuer[Check all applicable)				
(Last)	(First) (A	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
221 WEST PHILADELPHIA STREET, SUITE 60W			(Month/Day/Year) 01/13/2017				Director 10% Owner Officer (give title Other (specify below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
YORK, PA 174	05						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ransaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requii	nation con red to resp iys a curre	spond to the collect tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. P
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)					(
				Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
RSU (Restricted Stock Unit)	\$ 0 <u>(1)</u>	01/13/2017		А	3.525 (1)	<u>(1)</u>	<u>(1)</u>	Common Stock	3.525	
Reporting Owners										
Reporti	ng Owner Name	e / Address	Relat	ionships						
1			Director 10% Ow	ner Off	icer Othe	r				
ALFANO M 221 WEST I SUITE 60W YORK, PA	PHILADELPI	HIA STREET								
Signatu	ures									
Michael Fri Alfano	edlander, Atto	orney-In-Fact fo	or Michael C		01/17/201	17				

Alfano

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

Represents dividends on restricted stock units (RSUs) awarded to the reporting person in the form of additional RSUs and are subject to

(1) 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.

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.

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