

DENTSPLY SIRONA Inc.  
Form 4  
January 17, 2017

**FORM 4**

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

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).

**STATEMENT OF CHANGES IN 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 \*  
**MOSCH JAMES G**

(Last) (First) (Middle)  
**221 WEST PHILADELPHIA STREET, SUITE 60W**  
  
(Street)

**YORK, PA 17401**

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
**DENTSPLY SIRONA Inc. [XRAY]**

3. Date of Earliest Transaction (Month/Day/Year)  
**01/13/2017**

4. If Amendment, Date Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
**President & CEO Consumables**

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

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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

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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 Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (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	A	35.462 <u>(1)</u>					<u>(1)</u>	<u>(1)</u>	Common Stock	35.462
PRSU (Performance Measured Restricted Stock Unit)	\$ 0 <u>(1)</u>	01/13/2017	A	29.227 <u>(1)</u>					<u>(1)</u>	<u>(1)</u>	Common Stock	29.227

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MOSCH JAMES G 221 WEST PHILADELPHIA STREET SUITE 60W YORK, PA 17401			President & CEO Consumables	

## Signatures

Michael Friedlander, Attorney-In-Fact for James G. Mosch  
 01/17/2017

     \*\*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).

(1) Represents dividends on restricted stock units (RSUs) and Performance Measured Restricted Stock Units (PRSUs), as applicable to the line item, awarded to the reporting person in the form of additional RSUs and PRSUs, respectively, and are subject to the same vesting terms as the underlying awards. The dividends vest simultaneously with the respective RSUs or PRSUs to which they relate. Each RSU or PRSU 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.