Edgar Filing: DENTSPLY SIRONA Inc. - Form 4

DENTSPLY SIRONA Inc.									
Form 4									
January 17, 2017									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL								
Washington, D.C. 20549	OMB Number:	3235-0287							
Check this box		January 31,							
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Expires:	2005							
subject to Section 16. SECURITIES	Estimated a burden hou								
Form 4 or	response	•							
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
may continue. Section 17(a) of the Public Officty Holding Company Act of 1955 of Section	n								
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).									
(Print or Type Responses)									
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer Friedman Jonathan I Symbol Issuer	Reporting Per	son(s) to							
Symbol									
	(Check all applicable)								
(Last) (First) (Middle) 3. Date of Earliest Transaction	100								
221 WEST PHILADELPHIA (Month/Day/Year) Director 01/13/2017 Officer (give	Director 10% Owner Officer (give title Other (specify below) below) SVP,General Counsel, Secretary								
STPEET SUITE 60W below)									
		-							
	6. Individual or Joint/Group Filing(Check								
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by	_X_ Form filed by One Reporting Person								
	More than One Re								
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed o	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed3.4. Securities5. Amount of Securities1.Title of Security(Month/Day/Year)Execution Date, if Execution Date, ifTransactionAcquired (A) orSecurities	6. Ownership Form: Direct	Indirect Beneficial							
(Instr. 3) any Code Disposed of (D) Beneficially	(D) or								
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)							
Reported	(1130. 4)	(1130. 4)							
(A) Transaction(s) or (Laboration)									
Code V Amount (D) Price (Instr. 3 and 4)									
Common $01/13/2017$ A $\frac{32.1}{(1)}$ A \$ 0 $144,783.757$	D								

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Friedman Jonathan I 221 WEST PHILADELPHIA STREET SUITE 60W YORK, PA 17401			SVP,General Counsel, Secretary				
Signatures							
Michael Friedlander, Attorney-In-Fact for Jonathan I. Friedman		01/17/2017					
<u>**</u> 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 awarded to the Reporting Person in the form of additional restricted stock units subject to (1) the same vesting terms as the underlying awards.

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.