Edgar Filing: DENTSPLY SIRONA Inc. - Form 4

DENTSPLY	Y SIRONA Inc.											
Form 4												
October 18,								0145.4				
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								NT	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0)287		
Check t				8	Expires:	January						
if no lor subject		AENT OI	F CHAN	NGES IN	र [.]		2005					
Section			Estimated burden ho	•								
Form 4								response		0.5		
Form 5 obligati	-						nge Act of 1934,					
may con				•	•	· ·	of 1935 or Section	ion				
See Inst	ruction	30(h)	of the I	nvestment	t Comp	any Act of 1	1940					
1(b).												
(Print or Type	Responses)											
	Address of Reporting	Person [*]	2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to						
COLEMA		Symbol				Issuer						
		DENTSPLY SIRONA Inc. [XRAY]				[] (Check all applicable)						
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransactic	n	(chool an applicate)					
			(Month/Day/Year)				Director 10% Owner					
	PHILADELPHI	4	10/14/2016				Officer (give title Other (specify below) below)					
STREET, S	SUITE 60W											
	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check								
	Filed(Month/Day/Year)				Applicable Line)							
YORK, PA					_X_ Form filed by One Reporting Person Form filed by More than One Reporting							
	X 17401						Person					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	ve Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
1.Title of	2. Transaction Date	tion Date 2A. Deemed			4. Secu		5. Amount of	6. Ownership	7. Nature	of		
Security	(Month/Day/Year)	-					Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month/Day/Year)			-	ed of (D) , 4 and 5)	Beneficially Owned	(D) or Indirect (I)	Ownershi			
		(.j)	(Instr. 8)	(,	Following	(Instr. 4)	(Instr. 4)	E.		
						(A)	Reported					
						or	Transaction(s) (Instr. 3 and 4)					
				Code V	Amoun	t (D) Price	(mstr. 5 and 4)					
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially o	wned directly	or indirectly.					
					•	•	spond to the colle	ection of	SEC 1474			
info requ					info	rmation con	tained in this form	n are not	(9-02)			
					required to respond unless the form displays a currently valid OMB control							
						iber.						

 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 of	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Se

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of					(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
RSU (Restricted Stock Unit)	\$ 0 <u>(1)</u>	10/14/2016		А		13.586 (1)		(1)	(1)	Common Stock	13.586	

Reporting Owners

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 COLEMAN MICHAEL J
 221 WEST PHILADELPHIA STREET
 SUITE 60W
 Value
 Value
 Value

 SUITE 60W
 YORK, PA 17401
 Value
 Value
 Value
 Value
 Value

 Michael Eriadlander, Attorney In East for Michael I
 Value
 Value
 Value
 Value

Michael Friedlander, Attorney-In-Fact for Michael J. coleman

**Signature of Reporting Person

10/18/2016

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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