DENTSPLY SIRONA Inc.

Form 4

February 21, 2017

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** OMB

3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

02/21/2017

Stock

Stock

Common

1. Name and Address of Reporting Person * Friedman Jonathan I			2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Clicc	k an applicable	)	
221 WEST PHILADELPHIA STREET, SUITE 60W			(Month/Day/Year) 02/21/2017					Director 10% Owner Officer (give title Other (specify below)  SVP,General Counsel, Secretary			
	(Street) 4. If Amo			nendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
YORK, PA	17401							Form filed by N Person	fore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	erivative	Secui	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securion(A) or Di (Instr. 3,	ispose 4 and (A) or	d 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)	
Common Stock	02/21/2017			M M	2,837	(D)	\$ 34.29	147,620.757	D		
Common	02/21/2017			M	5,580	A	\$ 37.26	153,200.757	D		

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

M

6,901

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160,101.757

D

37.26

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number.

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

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. Transactic Code (Instr. 8)	5. Number ction Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 34.29	02/21/2017		M		2,837	<u>(1)</u>	11/20/2022	Common Stock	2,837
Employee Stock Option (Right to Buy)	\$ 37.26	02/21/2017		M		5,580	<u>(2)</u>	11/26/2023	Common Stock	5,580
Employee Stock Option (Right to Buy)	\$ 47.41	02/21/2017		M		6,901	(3)	11/25/2024	Common Stock	6,901

# **Reporting Owners**

Reporting Owner Name / Address	Keiationships					
	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

02/21/2017

\*\*Signature of Reporting Person Date

Reporting Owners 2

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# **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) This option is fully vested and exercisable.
- (2) 25% vested on 11/26/2014, 25% vested on 11/26/2015, 25% vested on 11/26/2016 and the final 25% shall vest on 11/26/2017.
- (3) 25% vested on 11/25/2015, 25% vested on 11/25/2016, 20% shall vest on 11/25/2017, 20% shall vest on 11/25/2018 and the final 10% shall vest on 11/25/2019.

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.