## Edgar Filing: DENTSPLY SIRONA Inc. - Form 4

DENTSPLY Form 4 May 27, 201	SIRONA Inc.										
	1 /								OMB AF	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNI SECURITIES					Expires: Estimated a burden hou response		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17 inue. uction	(a) of the P	Public U		ding Co	mpan	y Act of	1935 or Section	I		
(Print or Type F	Responses)										
ALFANO MICHAEL C Symbo			Symbol	uer Name <b>and</b> Ticker or Trading I <b>SPLY SIRONA Inc. [XRAY]</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 221 WEST I STREET, SI	PHILADELPHI			f Earliest T Day/Year) 2016	ransaction			Director Officer (give t below)	10%	Owner er (specify	
	(Street)	(Street) 4. If Amend Filed(Month			nth/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	17405							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deeme Execution any (Month/Da	Date, if				(D)	5. Amount of Securities Beneficially Owned Following Reported	OwnershipIncForm:BeDirect (D)Ov	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/26/2016			Code V S	Amount 3,000 (4)	(A) or (D) D	Price \$ 61.5822	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4) 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)

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. Number op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nui of Sha
RSU (Restricted Stock Unit)	<u>(1)</u>	05/25/2016		А	1,214	05/25/2017 <u>(2)</u>	05/25/2017 <u>(2)</u>	Common Stock	1,
Stock Option (Right to Buy)	\$ 61.77	05/25/2016		А	5,800	05/25/2017 <u>(3)</u>	05/25/2026	Common Stock	5,

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
ALFANO MICHAEL C 221 WEST PHILADELPHIA STREET SUITE 60W YORK, PA 17405						
Signatures						
Michael Friedlander, Attorney-In-Fact for Alfano	05/27/2016					

<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).
- (1) Each Restricted Stock Unit represents a contingent right to receive one share of XRAY common stock.
- (2) Restricted Stock Units vest in full one year from date of grant.
- (3) Stock Options vest in full one year from date of grant.

The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$61.5800 to \$61.5850, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff

(4) of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

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.