#### HOOD WILLIAM K

Form 4

August 28, 2012

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

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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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**HOOD WILLIAM K** 

2. Issuer Name and Ticker or Trading

Symbol

SIRONA DENTAL SYSTEMS.

INC. [siro]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Last)

(City)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 08/27/2012

\_X\_\_ Director Officer (give title

10% Owner Other (specify

C/O SIRONA DENTAL SYSTEMS. INC, 30-30 47TH AVE, SUITE 500

(Street)

4. If Amendment, Date Original

Filed(Month/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

Table I Non Derivative Securities Acquired Disposed of an Deneficially Ov

#### LONG ISLAND CITY, NY 11101

(State)

(,)	(······)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ole I - Non-	Derivative	Secui	rities Acquii	rea, Disposea oi,	or Beneficiali	y Ownea
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. Securiti ord Dispose (Instr. 3, 4	ed of	` '	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	(msu. 1)
Common Stock	08/27/2012		M	30,000	A	\$ 19.94	39,533	D	
Common Stock	08/27/2012		S	30,000	D	\$ 53.0499 (2)	9,533	D	

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

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# 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. Transaction Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Sha
Option(Right to buy)	\$ 19.94	08/27/2012		M	30,000	<u>(1)</u>	05/07/2019	Common Stock	30,00

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

HOOD WILLIAM K
C/O SIRONA DENTAL SYSTEMS, INC
30-30 47TH AVE, SUITE 500
LONG ISLAND CITY, NY 11101

### **Signatures**

William K. Hood, by Michael Friedlander, Attorney

08/28/2012

\*\*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) The grant given on 5/7/2009 had the following vesting schedule: the first 1/3 became exercisable on 5/7/2010, the next 1/3 became exercisable on 5/7/2011 and the final 1/3 became exercisable on 5/7/2012.
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$53.00-\$53.20, inclusive. The reporting person undertakes to provide Sirona Dental Systems, Inc., any security holder of Sirona Dental Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each seperate 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.

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