SIRONA DENTAL SYSTEMS, INC.

Form 4

Common

Stock

11/25/2014

November 28, 2014

November 2	8, 2014									
FORM	14 HALTED	CT A TEC	CECUD	OTTIES A	ND EVC	TTAN	JCE C	COMMISSION		PPROVAL
	UNITED	SIAIES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check the	rer .								Expires:	January 31,
Section 16. Form 4 or			CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated a burden hou response	rs per
Form 5 obligation may cont <i>See</i> Instruction 1(b).	ns Section 17(a) of the l	Public Ut		ling Com	pany	Act of	e Act of 1934, 1935 or Sectio	n	
Print or Type I	Responses)									
1. Name and A SLOVIN JE	Address of Reporting	Person *	Symbol	Name and A DENTA				5. Relationship of Issuer	Reporting Pers	son(s) to
			INC. [S		L SISI	LIVIO	,	(Chec	k all applicable	e)
(Last)	, , , , ,	Middle)	3. Date of (Month/D	Earliest Tra	ansaction			_X_ Director _X_ Officer (give below)		Owner er (specify
	ENTAL SYSTEM 47TH AVENUE		11/25/20	014				· · · · · · · · · · · · · · · · · · ·	Executive Offic	er
	(Street)			ndment, Datath/Day/Year)	_			6. Individual or Jo Applicable Line) _X_ Form filed by 0	-	_
LONG ISLA	AND CITY, NY	11101							More than One Re	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transaction Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	11/25/2014			Code V A	Amount 31,396 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 126,600 (2)	D	

10,755

(3)

D

(4)

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

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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 of on 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 Amount of Underlying Securities (Instr. 3 and 4)		(
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy)	\$ 86	11/25/2014		A	56,522	<u>(5)</u>	11/25/2024	Common Stock	56,522	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SLOVIN JEFFREY							
SIRONA DENTAL SYSTEMS, INC.	X		Chief Executive Officer				
30-30 47TH AVENUE, SUITE 500	Λ		Chief Executive Officer				
LONG ISLAND CITY, NY 11101							

Signatures

Jeffrey T. Slovin, by Michael Friedlander, Attorney 11/28/2014

**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) This grant consists of 15,116 RSU's, 8,140 PSU's and 8,140 MSU's.
- (2) The total directly held by the reporting person includes RSU's, PSU's and MSU's.
- (3) The reporting person sold these shares to fulfil tax obligations.
- The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$85.40 to \$85.56 per share, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (4).
- (5) Stock options shall vest as follows: 25% on 11/25/2015, 25% on 11/25/2016, 20% on 11/25/2017, 20% on 11/25.2018 and the final 10% 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.

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