Friedman Jonathan I Form 5 November 16, 2009

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Friedman Jonathan I Symbol SIRONA DENTAL SYSTEMS, (Check all applicable) INC. [siro] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner _ Officer (give title X Other (specify (Month/Day/Year) below) below) 09/30/2009 General Counsel and Secretary SIRONA DENTAL SYSTEMS, INC., Â 30-30 47TH AVENUE, **SUITE 500** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) **LONG ISLAND** _X_ Form Filed by One Reporting Person CITY, NYÂ 11101 Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 1. Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (D) or (Instr. 3) Disposed of (D) Beneficially Beneficial Code (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price

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)

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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 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)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Num of S
Option (Right to buy)	\$ 29.91	01/21/2009	Â	D4	Â	40,000	(1)	09/17/2017	Common Stock	40
Options (Right to buy)	\$ 11.73	01/21/2009	Â	A4	19,276	Â	(3)	09/17/2017	Common Stock	19

Reporting Owners

Reporting Owner Name / Address	Relationships						
corporating of the contraction o	Director	10% Owner	Officer	Other			
Friedman Jonathan I							
SIRONA DENTAL SYSTEMS, INC.	â	Â	General Counsel and Secretary	â			
30-30 47TH AVENUE, SUITE 500	A	Α	A General Counsel and Secretary	A			
LONG ISLAND CITY, NY 11101							

Signatures

Jonathan Friedman, by Michael Friedlander, Attorney 11/16/2009

**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 options vest as follows: 20,000 on 9/10/2009, 10,000 on 9/10/2010 and 10,000 on 9/10/2011.
- (2) Exchanged for options to purchase 19,276 shares of common stock at \$11.73 per share (reported below).
- (3) The options vest as follows: 9,638 on 9/10/2010, 4,819 on 9/10/2011 and 4,819 on 9/10/2012.
- (4) Exchanged for options to purchase 40,000 shares of common stock at 29.91 per share (reported above).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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