## Edgar Filing: Friedman Jonathan I - Form 4

Friedman Jona	athan I											
Form 4												
December 10,	2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITED	Washington, D.C. 20549										
Check this if no longe subject to Section 16 Form 4 or	r STATEN											
Form 5 obligations may contir <i>See</i> Instruct 1(b).	Section 17(s	response 0.5 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										
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person <u>*</u> Friedman Jonathan I			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			SIRONA DENTAL SYSTEMS, INC. [siro]					(Check all applicable)				
(Last) SIRONA DE INC., 30-30 4 500	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>12/08/2009</li></ul>					Director 10% Owner X Officer (give title Other (specify below) below) General Counsel and Secretary						
	(Street)	(Street) 4. If Amendment, Date C Filed(Month/Day/Year)				Applicable Line)				vint/Group Filing(Check Dne Reporting Person		
LONG ISLA	ND CITY, NY	11101						Form filed by M Person				
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		on Date, if	Code Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	ecurities Form: Direct I eneficially (D) or I wned Indirect (I) ( ollowing (Instr. 4) ( eported ransaction(s)			
C				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/08/2009			А	3,650	А	\$0	20,650	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)

**Reporting Owners** 

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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)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
Friedman Jonathan I SIRONA DENTAL SYSTEMS, INC. 30-30 47TH AVENUE, SUITE 500 LONG ISLAND CITY, NY 11101			General Counsel and Secretary				
Signatures							
Jonathan Friedman, by Michael Friedlan Attorney	nder,	1	2/10/2009				
**Signature of Reporting Person			Date				
Explanation of Respon							

## 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).

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.