SIRONA DENTAL SYSTEMS, INC.

Form 4 June 18, 2013

### **OMB APPROVAL**

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Estimated average burden hours per

**SECURITIES** 

response...

0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Friedman Jonathan I Issuer Symbol

SIRONA DENTAL SYSTEMS.

(Check all applicable)

INC. [SIRO]

(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title Other (specify

(Month/Day/Year) below) 06/14/2013 General Counsel and Secretary

SIRONA DENTAL SYSTEMS. INC., 30-30 47TH AVENUE, SUITE 500

> (Street) 4. If Amendment, Date Original

> > (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

LONG ISLAND CITY, NY 11101

(State)

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 7. Nature of Indirect Security (Month/Day/Year) Execution Date, if Transactionr Disposed of (D) Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership or Indirect **Following** (Instr. 4) Reported (A) Transaction(s) (Instr. 4) (Instr. 3 and 4) Code V Amount (D) Price Common 06/14/2013 \$ 40.03 57,800 D M 1,406 Α Stock

\$ Common 06/14/2013 S 65.1269 D 1,406 D 56,394 Stock (1)

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

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### Edgar Filing: SIRONA DENTAL SYSTEMS, INC. - Form 4

#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 on f Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Options(Right to buy)	\$ 40.03	06/14/2013		M	1,406	(2)	11/22/2021	Common Stock	1,400

### **Reporting Owners**

Reporting Owner Name / Address 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 Friedlander, Attorney

06/18/2013

\*\*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).
  - The price in column 4 is a weighted average. These shares were sold in multiple tranactions at prices ranging from 65.12-65.13, inclusive.
- (1) The reporting person undertakes to provide 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 separate price within the ranges set forth in this footnote.
- (2) Stock options shall vest as follows: 1/4 on 11/22/2012, 1/4 on 11/22/2013, 1/4 on 11/22/2014 and the final 1/4 on 11/22/2015.

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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