

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
IN RE DENTSPLY SIRONA, INC.
SECURITIES LITIGATION
-----X

18 Civ. 7253 (NG)(PK)

PROOF OF CLAIM AND RELEASE

A. GENERAL INSTRUCTIONS

1. The only way to receive a distribution from the Net Settlement Fund created in connection with the proposed Settlement of the action entitled *In re Dentsply Sirona, Inc. Securities Litigation*, Case No. 1:18-cv-07253-NG-PK (the “Action”), is to complete, sign, and timely submit this Proof of Claim and Release form (“Proof of Claim and Release Form”) as directed below. If you fail to submit a properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release Form, postmarked or received by the date shown below, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.

2. Submission of this Proof of Claim and Release Form, however, does not ensure that you will share in the proceeds of the Settlement. You will only be entitled to receive a distribution from the Net Settlement Fund if: (i) you are an Authorized Claimant (as described in the Plan of Allocation, paragraphs 76-96 of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (“Notice”), which accompanies this Proof of Claim and Release Form); and (ii) you complete and sign this Proof of Claim and Release Form and timely submit it to the Claims Administrator at the address below.

3. THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED EITHER (1) ONLINE AT WWW.DENTSPLYIRONASECURITIESLITIGATION.COM NO LATER THAN OCTOBER 7, 2025, OR WITHIN 30 DAYS AFTER FINAL APPROVAL IS GRANTED TO THE SETTLEMENT, WHICHEVER IS LATER, OR (2) BY MAIL, POSTMARKED NO LATER THAN OCTOBER 7, 2025, OR WITHIN 30 DAYS AFTER FINAL APPROVAL IS GRANTED TO THE SETTLEMENT, WHICHEVER IS LATER, ADDRESSED AS FOLLOWS:

Dentsply Sirona Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173027
Milwaukee, WI 53217

If you are NOT a member of the Class (as defined in paragraph 30 of the Notice, which accompanies this Proof of Claim and Release Form), DO NOT submit a Proof of Claim and Release Form. If you are excluded from the Settlement Class, any Proof of Claim and Release Form that you submit, or that may be submitted on your behalf, will not be accepted.

4. If you are a member of the Class and you have not timely requested exclusion in response to the Notice, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM OR RECEIVE A PAYMENT.

5. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation, and no distribution will be made to that Authorized Claimant.

B. INSTRUCTIONS FOR COMPLETING PART I – CLAIMANT INFORMATION

1. If you purchased or otherwise acquired Dentsply Intl. or Dentsply Sirona common stock in your name, you are the beneficial purchaser or other acquirer as well as the record purchaser or other acquirer. If, however, you purchased or otherwise acquired the Dentsply Intl. or Dentsply Sirona common stock through a third party, such as a brokerage firm, you are the beneficial purchaser or other acquirer and the third party is the record purchaser or other acquirer.

2. Use Part I of this form entitled “Claimant Information” to identify each beneficial purchaser or other acquirer of Dentsply Intl. or Dentsply Sirona common stock that forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR OTHER ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR OTHER ACQUIRER(S) UPON WHICH THIS CLAIM IS BASED.

NOTE: Separate Proof of Claim and Release Forms should be submitted for each separate legal entity (for example, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Proof of Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (for

example, a corporation with multiple brokerage accounts should include all transactions made in Dentsply Intl. or Dentsply Sirona common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in). All joint purchasers or other acquirers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of Persons represented by them and proof of their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or Taxpayer Identification) Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

C. INSTRUCTIONS FOR COMPLETING PART II – SCHEDULE OF TRANSACTIONS IN COMMON STOCK

1. Use Part II of this form entitled “Schedule of Transactions in Common Stock” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to all of your purchases or other acquisitions and all of your sales or other dispositions of Dentsply Intl. or Dentsply Sirona common stock from December 8, 2015 through November 2, 2018, inclusive, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. The date of covering a “short sale” is deemed to be the date of purchase or other acquisition of Dentsply Intl. or Dentsply Sirona common stock. The date of a “short sale” is deemed to be the date of sale of Dentsply Intl. or Dentsply Sirona common stock.

4. You must attach copies of broker confirmations or other documentation of your transactions in Dentsply Intl. or Dentsply Sirona common stock to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. Lead Plaintiff does not have information about your transactions in Dentsply Intl. or Dentsply Sirona common stock.

5. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Dentsply Intl. and Dentsply Sirona common stock set forth in the Schedule of Transactions in Common Stock in Part II. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Parties and the Claims Administrator do not have information about your investments in Dentsply Intl. or Dentsply Sirona common stock. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.

NOTICE REGARDING ELECTRONIC FILES: Claimants with large numbers of transactions may request, or may be requested, to submit their transaction information in electronic files. All Claimants **MUST** submit a **signed Proof of Claim and Release Form** whether or not they submit electronic files. If you wish to file your claim electronically, you must contact the Claims Administrator at (866) 217 – 4456 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART II – SCHEDULE OF TRANSACTIONS IN COMMON STOCK

1. HOLDINGS AS OF DECEMBER 8, 2015. State the total number of shares of Dentsply Intl. common stock held as of the opening of trading on December 8, 2015. If none, write “zero” or “0.” _____ (Must be documented.)

2. PURCHASES OR OTHER ACQUISITIONS FROM DECEMBER 8, 2015 THROUGH AUGUST 6, 2018. Separately list each and every purchase or other acquisition of Dentsply Intl. or Dentsply Sirona common stock from December 8, 2015 through the close of trading on August 6, 2018. (Must be documented.)

Date of Purchase or Other Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased or Otherwise Acquired	Purchase or Other Acquisition Price Per Share	Total Purchase or Other Acquisition Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. NUMBER OF SHARES PURCHASED OR OTHERWISE ACQUIRED FROM AUGUST 7, 2018 THROUGH NOVEMBER 2, 2018. State the total number of shares of Dentsply Sirona common stock purchased or otherwise acquired from on August 7, 2018 through November 2, 2018. If none, write “zero” or “0.” _____. (Must be documented.)¹

4. SALES FROM DECEMBER 8, 2015 THROUGH NOVEMBER 2, 2018. Separately list each and every sale of Dentsply Intl. or Dentsply Sirona common stock from on December 8, 2015 through the close of trading on November 2, 2018. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

5. HOLDINGS AS OF NOVEMBER 2, 2018. State the total number of shares of Dentsply Sirona common stock held as of the close of trading on November 2, 2018. If none, write “zero” or “0.” _____ (Must be documented.)

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS,
YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX ☐**

**INCLUDE THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF
SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER ON EACH PAGE**

**YOU MUST READ AND SIGN THE RELEASE ON PAGES 5 – 6 AND SIGN ON PAGE 6. FAILURE TO SIGN THE
RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

¹ The number of shares purchased or otherwise acquired of Dentsply Sirona common stock during the “90-day look-back period” from August 7, 2018 through November 2, 2018 are needed in order to balance your claim. NOTE that those shares are not eligible for a recovery in this Settlement.

PART III – ACKNOWLEDGMENTS AND RELEASE

A. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release Form under the terms of the Stipulation and Agreement of Settlement, dated March 12, 2025, described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Eastern District of New York with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in the Action covering the same purchases/acquisitions or sales of Dentsply Intl. or Dentsply Sirona common stock and know of no other person having done so on my (our) behalf.

B. RELEASE AND WARRANTIES

1. I (We), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge each and every Released Plaintiffs' Claim (as defined in paragraph 39 of the Notice) against each and every one of the Defendants and the other Defendants' Releasees (as defined in paragraph 40 of the Notice), and shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any or all of the Released Plaintiffs' Claims, including any Unknown Claims (as defined in paragraph 41 of the Notice), against any of the Defendants' Releasees.

2. I (We) hereby acknowledge that I (we) will not be entitled to receive recovery in any other action against any of the Defendants' Releasees based on or arising out of the Released Plaintiffs' Claims.

3. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, and that I (we) believe I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Notice.

4. I (We) hereby warrant and represent that I (we) have included information (including supporting documentation) about all of my (our) transactions in Dentsply Intl. or Dentsply Sirona common stock which occurred during the Class Period between December 8, 2015 and August 6, 2018, inclusive, and any sales of Dentsply Intl. or Dentsply Sirona common stock purchased or otherwise acquired during the Class Period and sold on or prior to the close of trading on November 2, 2018, as well as the number of shares of Dentsply Intl. or Dentsply Sirona common stock held by me (us) at the opening of trading on December 8, 2015 and the close of trading on November 2, 2018.

5. I (WE) UNDERSTAND AND INTEND THAT THE SIGNATURE BELOW REGARDING CERTAIN INFORMATION FOR THE INTERNAL REVENUE SERVICE CONCERNING BACKUP WITHHOLDING ALSO SERVES AS THE SIGNATURE VERIFYING THE INFORMATION AND REPRESENTATIONS IN THIS PROOF OF CLAIM.

6. This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

7. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

8. I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. (Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim and Release Form by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.
(Month / Year) (City) (State/Country)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

REMINDER CHECKLIST

1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of supporting documentation. DO NOT SEND ORIGINAL STOCK CERTIFICATES.
5. Keep a copy of your Proof of Claim and Release Form and all supporting documentation for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release Form within 60 days. Your claim is not deemed submitted until you receive an acknowledgment e-mail or postcard. If you do not receive an acknowledgment e-mail or postcard within 60 days of mailing your Proof of Claim and Release Form, please call the Claims Administrator toll free at (866) 217 - 4456
7. If you move, please send your new address to:
Dentsply Sirona Inc. Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173027
Milwaukee, WI 53217
info@DentsplySironaSecuritiesLitigation.com
(866) 217 - 4456
8. **Do not use red pen or highlighter** on the Proof of Claim and Release Form or supporting documentation.