

SLOVIN JEFFREY  
Form 4  
June 02, 2009

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*  
SLOVIN JEFFREY

2. Issuer Name and Ticker or Trading Symbol  
SIRONA DENTAL SYSTEMS, INC. [siro]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Dir. Exec. VP and COO US Op

C/O SIRONA DENTAL SYSTEMS, INC., 30-30 47TH AVE, SUITE 500

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

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

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

LONG ISLAND CITY, NY 11101

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common Stock	06/01/2009		S	4,300 D	\$ 19.9 641,409	D	
Common Stock	06/01/2009		S	400 D	\$ 19.93 641,009	D	
Common Stock	06/01/2009		S	100 D	\$ 19.95 640,909	D	
Common Stock	06/01/2009		S	998 D	\$ 19.94 639,911	D	
Common Stock	06/01/2009		S	1,200 D	\$ 19.92 638,711	D	

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Common Stock	06/01/2009	S	3,002	D	\$ 19.91	635,709	D
Common Stock	06/01/2009	S	1,000	D	\$ 19.96	634,709	D
Common Stock	06/01/2009	S	700	D	\$ 19.98	634,009	D
Common Stock	06/01/2009	S	2,000	D	\$ 19.97	632,009	D
Common Stock	06/01/2009	S	1,000	D	\$ 19.96	631,009	D
Common Stock	06/01/2009	S	800	D	\$ 19.93	630,209	D
Common Stock	06/01/2009	S	1,000	D	\$ 19.93	629,209	D
Common Stock	06/01/2009	S	1,000	D	\$ 19.95	628,209	D
Common Stock	06/01/2009	S	510	D	\$ 20.12	627,699	D
Common Stock	06/01/2009	S	1,000	D	\$ 20.1	626,699	D
Common Stock	06/01/2009	S	1,000	D	\$ 20.11	625,699	D
Common Stock	06/01/2009	S	1,000	D	\$ 20.1	624,699	D
Common Stock	06/01/2009	S	2,000	D	\$ 20.08	622,699	D
Common Stock	06/01/2009	S	2,000	D	\$ 20.09	620,699	D
Common Stock	06/01/2009	S	2,000	D	\$ 20.07	618,699	D
Common Stock	06/01/2009	S	1,000	D	\$ 20.05	617,699	D
Common Stock	06/01/2009	S	1,000	D	\$ 20	616,699	D
Common Stock	06/02/2009	S	2,600	D	\$ 19.95	614,099	D

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

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SEC 1474  
(9-02)

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**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. 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 Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Beneficially (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SLOVIN JEFFREY C/O SIRONA DENTAL SYSTEMS, INC. 30-30 47TH AVE, SUITE 500 LONG ISLAND CITY, NY 11101	X		Dir. Exec. VP and COO US Op	

## Signatures

Jeffrey T. Slovin, by Michael Friedlander,  
Attorney 06/02/2009

\_\_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).

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.