

SIRONA DENTAL SYSTEMS, INC.  
 Form 3  
 March 11, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Augins Michael</p> <p>(Last) (First) (Middle)</p> <p>SIRONA DENTAL SYSTEMS, INC., Â 30-30 47TH AVENUE, SUITE 500</p> <p>(Street)</p> <p>LONG ISLAND CITY, Â NY Â 11101</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/01/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>SIRONA DENTAL SYSTEMS, INC. [SIRO]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Executive Vice President</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	23,000 <sup>(1)</sup>	D	Â

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Options (Right to buy)	Â (2)	11/22/2021	Common Stock	3,500	\$ 40.03	D	Â
Options (Right to buy)	Â (3)	11/20/2022	Common Stock	7,500	\$ 62.2	D	Â
Options (Right to buy)	Â (4)	11/26/2023	Common Stock	5,000	\$ 67.59	D	Â
Options (Right to buy)	Â (5)	11/25/2024	Common Stock	10,000	\$ 86	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Augins Michael SIRONA DENTAL SYSTEMS, INC. 30-30 47TH AVENUE, SUITE 500 LONG ISLAND CITY, NY 11101	Â	Â	Â Executive Vice President	Â

## Signatures

Michael Augins, by Michael Friedlander,  
Attorney

03/11/2015

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 total directly held by the reporting person includes 11,849 RSUs and 2,000 PSUs.
- (2) Stock options underlying 1,750 shares vested on 11/22/2014 and stock options underlying 1,750 shares will vest on 11/22/2015.
- (3) Stock options underlying 2,500 shares vested on 11/20/2014 and stock options underlying 2,500 shares will vest on each of 11/20/2015 and 11/20/2016.
- (4) Stock options vest as follows: 1/4 on 11/26/2014, 1/4 on 11/26/2015, 1/4 on 11/26/2016 and the final 1/4 on 11/26/2017.
- (5) Stock options shall vest as follows: 1/4 on 11/25/2015, 1/4 on 11/25/2016, 1/5 on 11/25/2017, 1/5 on 11/25/2018 and the final 1/10 on 11/25/2019.

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### Remarks:

Exhibit List - Exhibit 24, Power of Attorney

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.