SIRONA DENTAL SYSTEMS, INC.

Form 3

March 11, 2015

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

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)

1. Name and Address of Reporting

Person *

A Augins Michael

(Last)

SUITE 500

(First)

SIRONA DENTAL SYSTEMS,

INC., Â 30-30 47TH AVENUE,

(Street)

(Middle)

Statement

(Month/Day/Year)

03/01/2015

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

SIRONA DENTAL SYSTEMS, INC. [SIRO]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

Director

10% Owner

_X__ Officer Other (give title below) (specify below) **Executive Vice President**

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

LONG ISLAND CITY, NYÂ 11101

(City)

(Instr. 4)

1. Title of Security

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

Beneficially Owned (Instr. 4)

2. Amount of Securities

3. Ownership 4. Nature of Indirect Beneficial Ownership

Form:

(Instr. 5)

Direct (D) or Indirect

Â

(I) (Instr. 5)

Common Stock

 $23,000^{(1)}$

D

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Expiration Date

Securities Underlying Derivative Security (Instr. 4)

3. Title and Amount of

4. Conversion

5.

6. Nature of Indirect Ownership Beneficial Ownership (Instr. 5)

or Exercise Form of Price of Derivative

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and (Month/Day/Year)

Derivative

Security:

Edgar Filing: SIRONA DENTAL SYSTEMS, INC. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Options (Right to buy)	(2)	11/22/2021	Common Stock	3,500	\$ 40.03	D	Â
Options (Right to buy)	(3)	11/20/2022	Common Stock	7,500	\$ 62.2	D	Â
Options (Right to buy)	(4)	11/26/2023	Common Stock	5,000	\$ 67.59	D	Â
Options (Right to buy)	(5)	11/25/2024	Common Stock	10,000	\$ 86	D	Â

Reporting Owners

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

Signatures

Michael Augins, by Michael Friedlander, Attorney 03/11/2015

**Signature of Reporting Person

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).

Date

- (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.

Â

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.

Reporting Owners 2