

Petersohn Walter  
Form 3  
September 30, 2010

**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)

1. Name and Address of Reporting Person \*  
Â Petersohn Walter  
(Last) (First) (Middle)

2. Date of Event Requiring Statement  
(Month/Day/Year)  
09/20/2010

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)

C/O  
SIRONA,Â WASSERFELDSTRASSE  
30 A-5020  
(Street)

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_X\_ Officer \_\_\_ Other  
(give title below)(specify below)  
Executive Vice Pres of Sales

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_X\_ Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

SALZBURG,Â C4Â 5020  
(City) (State) (Zip)

**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	5,000 <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)

**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)**

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) Title	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	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
Employee Stock Option (Right to Buy)	Â (2)	12/08/2018	Common Stock	20,000	\$ 11.9 D
Employee Stock Option (Right to Buy)	Â (3)	12/13/2016	Common Stock	7,154	\$ 11.73 D
Employee Stock Option (Right to Buy)	Â (4)	12/11/2017	Common Stock	11,492	\$ 11.73 D

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Petersohn Walter C/O SIRONA WASSERFELDSTRASSE 30 A-5020 SALZBURG,Â C4Â 5020	Â	Â	Â Executive Vice Pres of Sales	Â

## Signatures

Walter Petersohn, by Michael Friedlander, Attorney 09/30/2010

\_\_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) Represents 5,000 restricted stock units, which shall vest as follows: 1,666 on 12/8/2011, 1,667 on 12/8/2012 and 1,677 on 12/8/2013.
- (2) The employee stock option shall vest as follows: 5,000 shares on each of 12/8/2009, 12/8/2010, 12/8/2011 and 12/8/2012.
- (3) The employee stock option shall vest as follows: 3,576 shares on 1/21/2010, 1,788 shares on 12/31/2010 and 1,790 shares on 12/31/2011.
- (4) The employee stock option shall vest as follows: 2,873 shares on each of 1/21/2010, 12/11/2010, 12/11/2011 and 12/11/2012.

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### Remarks:

EXHIBITÂ INDEX:Â Â EXHIBITÂ 24Â -Â POWERÂ OFÂ 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.