Edgar Filing: SLOVIN JEFFREY - Form 4

SLOVIN JE	FFREY										
Form 4											
May 13, 201	11										
FORM	Λ4	~						OMB AF	PROVAL		
	UNITED	STATES SECU W		AND EXC 1, D.C. 205	DMMISSION	OMB Number:	3235-0287				
Check th if no lon	ger	Expires:	January 31, 2005								
subject t Section Form 4	o SIAIEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 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 <u>*</u> SLOVIN JEFFREY			1	d Ticker or T	-	Ī	5. Relationship of Reporting Person(s) to Issuer				
			INA DEN I [SIRO]	AL SYST	ENIS	,	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below)				
	NA DENTAL SY 0 47TH AVE, SU		/2011			L	· · · · · · · · · · · · · · · · · · ·	T AND DIRE	CTOR		
	(Street)			Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LONG ISL	AND CITY, NY	11101				-	Form filed by M Person				
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)			Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common			Code V		(D)	Price	(Instr. 3 and 4)				
Stock	05/12/2011		Μ	198,243	А	\$ 10.5	198,243	D			
Common Stock	05/12/2011		М	126,757	А	\$ 14.09	325,000	D			
Common Stock	05/12/2011		М	75,000	А	\$ 11.9	400,000	D			

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

S

400,000 D \$53

0

D

Common

Stock

05/13/2011

Edgar Filing: SLOVIN JEFFREY - Form 4

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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. Transactio Code (Instr. 8)	5. Number of iorDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Common Stock	\$ 10.5	05/12/2011		М		198,243	06/20/2006	06/09/2014	Common Stock	198,24
Common Stock	\$ 14.09	05/12/2011		М		126,757	03/30/2010	09/25/2015	Common Stock	126,75
Common Stock	\$ 11.9	05/12/2011		М		75,000	12/08/2010	12/08/2018	Common Stock	75,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
FB	Director	10% Owner	Officer	Other				
SLOVIN JEFFREY C/O SIRONA DENTAL SYSTEMS, INC. 30-30 47TH AVE, SUITE 500 LONG ISLAND CITY, NY 11101	Х		PRESIDENT AND DIRECTOR					
Signatures								
/s/ Jeffrey T. Slovin, by Michael Friedlande Attorney	r,	05/13						
<pre>**Signature of Reporting Person</pre>		Da	ate					
Evolution of Response)e.							

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.