FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

_					2. Jaquar Nama and Tipkor or Trading Symbol						1.5	F. Polationship of Paparting Parson(s) to Issuer				
1. Name and Address of Reporting Person* STERKENBURG ALBERT					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
					XRAY]						Officer	give title		specify		
(Last)	(F	irst)	(Middle)							_ '	below)		below)	эрсспу		
221 WEST PHILADELPHIA STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2011						Senior VP				
WEST BUILDING/DENSPLY																
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)											Line	,	lad by One E	eporting Perso	.n	
YORK	PA	A	17405								1		•	than One Repo		
												Person		man One Repo	Tung	
(City)	(S	tate)	(Zip)													
		Ta	ble I - Non-	Derivati	ve Se	curities	Ac	quired, Dis	sposed of	, or Ben	eficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transa								3. 4. Securities Acquired (A) of				5. Amoun		. Ownership	7. Nature of	
Date (Month/D				Date Month/Day	eay/Year) Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		Of (D) (Instr. 3, 4 and		Securities Beneficially		D) or Indirect	Indirect Beneficial		
							´ ´ 			_	Owned Fe	, , ,) (Instr. 4)	Ownership (Instr. 4)		
							Code V	Amount	(A) or (D) Price		Transacti (Instr. 3 a					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
	(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative	2. Conversion	n Date Execut e (Month/Day/Year) if any	3A. Deemed Execution Dat	4. Trans	action	5. Number				7. Title and		8. Price of	9. Number of derivative	of 10. Ownershi	11. Nature	
Security	or Exercise Price of			Code	e (Instr. Securi Acquir		s	(Month/Day/Ye		Underlying Derivative Secu		Security	Securities	Form:	Beneficial Ownership ct (Instr. 4)	
(Instr. 3)	Derivative		(Month/Day/Ye	ear) 8)			sèd			(Instr. 3 ar		(Instr. 5)	Beneficially Owned	or Indirec		
	Security					of (D) (Instr. 3, 4 and 5)							Following Reported	(I) (Instr. 4		
											Amount	1	Transaction(s) (Instr. 4)	(S)		
											or Number					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares					
RSU																
(Restricted Stock	(1)	02/11/2011		A		4,455		02/11/2014 ⁽²⁾	(3)	Common Stock	4,455	\$36.62	15,199.13	D		
Unit) Granted										Stock						
	(4)			 .		(5)		(6)	(7)	Common	2.070	100.00				
PRSU	(4)	02/11/2011		A		2,970 ⁽⁵⁾		02/11/2014 ⁽⁶⁾	(7)	Stock	2,970	\$36.62	2,970	D		
Stock Option Grant	\$9	02/11/2011		A		30,200		02/11/2014	02/11/2021	Common Stock	30,200	\$9	30,200	D		

Explanation of Responses:

- 1. Not applicable to this transaction.
- 2. Vests in full (restrictions lapse) 3 years from date of grant.
- 3. Not applicable to this transaction.
- 4. Not applicable to this transaction.
- $5.\ PRSUs\ have\ a\ one-year\ performance\ measurement\ period\ and\ a\ cumulative\ three\ (3)\ year\ service/vesting\ period.$
- 6. Vests in full (restrictions lapse) 3 years from date of grant.
- 7. Not applicable to this transaction.

Brian M Addison, POA for

02/11/2011

** Signature of Reporting Person Date

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

- * 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.

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 Number.