FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20349

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
houre por rosponso:	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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>LUNGER FRANCIS J</u>					[XRAY]								X Director			10% Ow	ner		
(Last)	(Fi	rst)	(Middle)			,							_	Officer (give title below)			Other (s below)	pecify	
221 WEST PHILADELPHIA STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015													
SUITE 60W					00/	00/21/2010													
					. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													- 1	,	led by One	Repo	rting Person	.	
YORK	PA	1	17401										Form fi	led by More	•	One Report	I		
(City)	(St	tate)	(Zip)			Person													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da				Execution Date,		Code (Ins				5. Amour Securitie Beneficia Owned F	s ally following	Form:	Direct of Indirect In	7. Nature of Indirect Beneficial Ownership					
							Code V	А	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
	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)	L. Title of 2. 3. Transaction Date Execution Date Security or Exercise (Month/Day/Year) if any			Date,	4. Transa Code (I 8)		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e de la companya de l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expi Date	oiration e	Title	Amount or Number of Shares						
Stock Option	\$52.61	05/21/2015			A		6,700		05/21/2016 ⁽¹⁾	05/2	21/2025	Common Stock	6,700	\$0	6,700		D		
RSU (Restricted Stock Unit)	(2)	05/21/2015			A		1,426		(3)		(3)	Common Stock	1,426	\$0	6,155.0	54	D		

Explanation of Responses:

- 1. Stock Options vest in full one year from date of grant.
- $2. \ Each \ Restricted \ Stock \ Unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ XRAY \ common \ stock.$
- 3. Restricted Stock Units vest in full one year from date of grant.

<u>Deborah M. Rasin, POA for</u> <u>Francis J. Lunger</u>

05/22/2015

** 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.