FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ton, D.C. 20549 | OMB APPROVAL |
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| Check this box if no longer subject to |
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| 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

| | | | | | | ٠, | | | | | | | | | | | |
|--|---|--|---|-----------------|---|------------|------------------------------------|--|--------------------|--|--|---|--|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* JONES LESLIE A | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | X Directo | or | 10% Owne | | ner | |
| (Last) | (Fi | rst) | (Middle) | | | | | | | | | Officer below) | (give title | | Other (specify below) | | |
| 221 WEST PHILADELPHIA STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2011 | | | | | | | | | | | | |
| WEST BUILDING/DENTSPLY | | | | 4 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | Line | , | led by One | Reportin | ıg Person | | |
| YORK | PA | <u> </u> | 17405 | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Derivati | ve Se | curitie | s A | cquired, Di | sposed c | f, or Bei | neficial | ly Owned | l | | | | |
| Date | | | . Transacti Date Month/Day | Execution Date, | | Code (Inst | n Dispose | ties Acquire d Of (D) (Inst | | Beneficia Owned F | es ally Following | 6. Owne Form: D (D) or In (I) (Instr. | irect o direct B 4) C | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | ion(s) | | | nstr. 4) | | | |
| | | - | | | | | | quired, Dis s, options, | | | | Owned | | | | | |
| 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) | Cod | Transaction Code (Instr. | | tive ties red sed 3, 4 | 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 Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | wnership orm: rect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| RSU (Restricted Stock Unit) | \$0 | 05/25/2011 | | A | | 894 | | 05/25/2014 ⁽¹⁾ | (2) | Common Stock | 894 | \$38.57 | 5,201.82 | 1 | D | | |
| Stock Option | \$38.57 | 05/25/2011 | | A | | 7,600 | | 05/25/2014 ⁽³⁾ | 05/25/2021 | Common Stock | 7,600 | \$0 | 7,600 | | D | | |

Explanation of Responses:

- 1. Vests in full (restrictions lapse) 3 years from date of grant.
- 2. Not applicable to this transaction.
- 3. The shares vest in three equal annual installments beginning 05/25/2012.

Brian M Addison, POA for 05/27/2011

** 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.