FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

lington, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>COLEMAN MICHAEL J</u>					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ XRAY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
												Oirecto	r	10% Ow	ner	
4 0			(0.4")			-						Officer below)	(give title	Other (s below)	pecify	
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET						3. Date of Earliest Transaction (Month/Day/Year)								bclowy		
		_	E1	0	3/25/2	2011										
WEST BUILDING/DENTSPLY					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Ctroot)				*	11 / 1110	enament, De	ale oi	Originar Filet	i (Worth / Day	πισαι	Line		oirit/Group i iiii	ig (Check App	iicabie	
(Street) YORK	P	Δ	17405									Form fi	led by One Re	oorting Persor	1	
10KK FA 17403										Form filed by More than One Reporting Person						
(City)	(9	tate)	(Zip)									reisuii				
(City)	(5	tute)	(Zip)													
		Ta	ble I - Non-D	Perivati	ve Se	ecurities	Acc	uired, Dis	sposed of	f, or Ben	eficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transa Date					2A. Deemed Execution Date.			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4				5. Amour Securities			7. Nature of ndirect	
				onth/Day/Year)		if any (Month/Day/)	,	Code (Instr. 5)		J. (2) (o e,		Beneficia Owned F	lly (D) o	or Indirect I	Beneficial Ownership	
					(,,	 	Amount (A) or		1	Reported Transacti	, , ,		(Instr. 4)		
								Code V	Amount	(D)	Price	(Instr. 3 a				
			Table II - De	rivative	e Sec	urities A	can	ired. Disc	osed of.	or Bene	ficially	Owned				
							•	options,			-					
1. Title of	2. 3. Transaction 3A. Deeme			4.	5. Nur				6. Date Exercisable and 7. Title and Am			8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Date, if any	, Transa Code		Derivative Securities		Expiration Date of Securities (Month/Day/Year) Underlying			g	Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Yea	Year) 8)		Acquired (A) or Disposed		Derivative Sec (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security					of (D) (Instr. 3, 4 and 5)		(,			,		Following Reported	(I) (Instr. 4)	,	
				-		4 unu 5)	\blacksquare		1		Amount	-	Transaction(s))		
											or		(111501. 4)			
					l.,			Date	Expiration		Number of					
				Code	ľ	(A)	(D)	Exercisable	Date	Title	Shares					
Directors' Deferred	# 20.14	03/25/2014				a. ap. (1)		(2)	(3)	Common	25.224	#36.14	10.224.555			
Comp (DDC)	\$36.14	03/25/2011		A		25.331 ⁽¹⁾		(2)	(3)	Stock	25.331	\$36.14	18,334.755	D		

Explanation of Responses:

- Dividend on existing account balance.
- 2. Value paid in stock upon retirement.
- 3. Not applicable to this transaction.

Brian M Addision, POA for

03/29/2011

** Signature of Reporting Person

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.