FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* BRANDT ERIC						2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DRAINDT ERIC														X Directo	or		10% Ow	ner		
() (F) () (F) (F)														Officer below)	(give title		Other (specification)	pecify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										below)			
221 WEST PHILADELPHIA STREET							04/08/2011													
WEST BUILDING/DENTSPLY															C. ladicidad as Jaint/Ourses Filips (Obsel, A. V. 11					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)			45405											X Form f	iled by One	Report	ting Person			
YORK PA 1740			17405												iled by More	than (One Report	ing		
-					1									Persor	1					
(City)	(S	tate)	(Zip)																	
		Tal	ole I - Nor	n-Deriv	/ativ	e Se	curities	Acq	uired, [Disp	osed o	f, or Be	neficial	ly Owned						
1. Title of Security (Instr. 3) 2. Transac																	ership 7	. Nature of		
Date (Month/Da					Dav/Ye	ay/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4			tr. 3, 4 and	Securitie Beneficia				ndirect Beneficial			
					,.								Owned F	ollowing (Ì) (lı	(I) (Inst	nstr. 4) (Ownership (Instr. 4)			
									Code	v	Amount	(A) or	Price	Transact	ction(s)					
												(D)		(Instr. 3 a	anu 4)					
			Table II -											Owned						
				(e.g., p	outs,	call	s, warra	ınts,	options	s, c	onvertik	ole secu	rities)							
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed		1. Transa	ction	5. Number of Derivative		6. Date Exercisable and Figure 7. Title and Expiration Date Amount of				8. Price of Derivative	9. Number derivative		10. Ownership	11. Nature of Indirect			
Security	or Exercise		if any (Month/Day/Year)		Code (Instr. 8)		nstr. Securities Acquired (A) or Disposed		(Month/Day/Year) Securities Underlying Derivative Securities				3	Security	Securities Beneficially Owned		Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
(Instr. 3)	Price of Derivative												Security	(Instr. 5)						
	Security						of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)				nd 4)		Following Reported		(I) (Instr. 4)			
				H			<u> </u>	H		\neg			Amount	1	Transaction(s) (Instr. 4)	n(s)				
													or Number		(
							l	<u>_</u>	Date		Expiration		of							
				°	Code	٧	(A)	(D)	Exercisab	le [Date	Title	Shares							
RSU (Restricted												_								
Stock	\$36.49	04/08/2011			Α		4.624 ⁽¹⁾		(2)		(3)	Common Stock	4.624	\$36.49	4,303.98	32	D			
Unit) Granted				- 1								l								

Explanation of Responses:

- 1. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 2. Not applicable to this transaction.
- 3. Not applicable to this transaction.

Brian M Addison, POA for 04/12/2011

** 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.