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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
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| J | 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 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| | | | | 01 000 | | Counci | | ipariy Act of 15 | 40 | | | | | | |
|--|--|----------|-----------------------------------|--|---------------------|---|---------|--|---------------|-------------------|--|---|---|--|--|
| 1. Name and Address of Reporting Person [*] <u>LUNGER FRANCIS J</u> | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] | | | | | | 1 () | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify | | | | |
| (Last) | (First) | (Middle) | - E | 2 Data | of Corligat Transas | tion (Ma | with /D | | | _ | below) | below) | | | |
| 221 WEST PHILADELPHIA STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2011 | | | | | | | | | | | |
| WEST BUILI | DING/DENTSPI | X | Ļ | | | | | | | _ | | | | | |
| | | | · | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | 45405 | | | | | | | | X | Form filed by One | e Reporting Pers | on | | |
| YORK | PA | 17405 | | | | | | | | | Form filed by Mo Person | re than One Rep | orting | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| Date | | | 2. Transact Date (Month/Day | /Year) Execution Date, if any | | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |

| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 5. Number of Derivative Securities Acquired (A) of (D) (Instr. 3, 4 and 5) | | | 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 of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| RSU (Restricted Stock Unit) | \$38.08 | 07/08/2011 | | A | | 53.961 ⁽¹⁾ | | (2) | (2) | Common Stock | 53.961 | \$38.08 | 3,601.983 | D | |

Explanation of Responses:

1. Dividend on existing vested or unvested Restricted Stock Units (RSUs) awarded to participant, payable as additional units of phantom stock.

2. Not applicable to this transaction.

Brian M Addison, POA for

<u>07/12/2011</u> Date

** Signature of Reporting Person

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.