| SEC Form 4 | |
|------------|--|
|------------|--|

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| _ | | | | or Section So(n) of the investment Company Act of 1940 | | | | |
|---|---|---------|----------|---|------------------------|---|---------------|--|
| | 1. Name and Addres <u>Wagner Richa</u> (Last) | 1 0 | (Middle) | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] 3. Date of Earliest Transaction (Month/Day/Year) | | Relationship of Reporting Person(s) to Issu Check all applicable) Director 10% Ow X Officer (give title Other (spelow) VP, Corporate Controller | | |
| | 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY (Street) YORK PA 17405 | | | 07/08/2011 | | VI, Corporate Cor | nioner | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person | | |
| | (City) | (State) | (Zip) | | | Form filed by More than C Person | One Reporting | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|---|--|-----------------------------|---|---|---------------|-------|------------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 6. Date Exerc Expiration Da (Month/Day/N | ate | 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 | | 1.243 ⁽¹⁾ | | (2) | (2) | Common Stock | 1.243 | \$38.08 | 948.243 | D | |
| PRSU | \$38.08 | 07/08/2011 | | Α | | 0.829 ⁽³⁾ | | (2) | (2) | Common Stock | 0.829 | \$38.08 | 631.829 | 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.

3. Dividend on existing vested or unvested Performance based Restricted Stock Units (PRSUs) awarded to participant, payable as additional units of phantom stock.

Brian M. Addison

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.

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