FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>JELLISON WILLIAM R</u>					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	ast) (First) (Middle)					XRAY ]						X Officer (give title below) Other (specific below)						
221 WEST PHILADELPHIA STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2011							Sr. VP & C.F.O.						
WEST BUILDING/DENTSPLY																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	PA		17405								- 1		led by One I	Reporting Per	son			
YORK			1/405										Form filed by More than One Reporting					
(City) (State) (Zip)											Person							
		Ta	ble I - Non-	-Deriva	tive S	ecurities	s Ac	quired, Dis	sposed o	f, or Ben	eficially	/ Owned						
Date				2. Transac Date (Month/Da	Execution Date,		e, Transaction Disposed Of Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
				Code V			Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)					
			Table II - D					uired, Disp				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/Ye	4. Transaction Code (Instr.				6. Date Exerci Expiration Da (Month/Day/Yo	rable and 7. Title and Am of Securities		es g Security	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)			
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)	n(s)				
RSU (Restricted Stock Unit) Granted	(1)	02/11/2011		A		6,759 <sup>(2)</sup>		02/11/2014 <sup>(3)</sup>	(4)	Common Stock	6,759	\$36.62	21,168.33	33 D				
PRSU	(5)	02/11/2011		A		4,506 <sup>(6)</sup>		02/11/2014 <sup>(7)</sup>	(8)	Common Stock	4,506	\$36.62	4,506	D				
Stock Option Grant	\$9	02/11/2011		A		45,800		02/11/2014	02/11/2021	Common Stock	45,800	\$9	45,800	D				

## **Explanation of Responses:**

- 1. Not applicable to this transaction.
- 2. Provided that over the three (3) year vesting period the Company?s aggregate net income, excluding costs in the Restructuring, Impairment and Other Costs Line of the income statement, is positive
- 3. Vests in full (restrictions lapse) 3 years from date of grant.
- 4. Not applicable to this transaction.
- 5. Not applicable to this transaction.
- 6. PRSUs have a one-year performance measurement period and a cumulative three (3) year service/vesting period.
- 7. Vests in full (restrictions lapse) 3 years from date of grant.
- 8. Not applicable to this transaction.

Brian M Addison, POA for

02/11/2011

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.