

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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

1. Name and Address of Reporting Person* <u>ALFANO MICHAEL C</u>  (Last) (First) (Middle) <u>221 W. PHILADELPHIA ST</u>  (Street) <u>YORK PA 17405-0872</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY INTERNATIONAL INC /DE/ [ XRAY ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/11/2010</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed 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 Transaction(s) (Instr. 4)	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
Stock Option	\$35.91	05/11/2010		A		8,900		05/11/2013	05/11/2020	Common Stock	8,900	\$35.91	8,900	D	
Restricted Stock Unit (RSU)	(I)	05/11/2010		A		1,110		05/11/2013	(I)	Common Stock	1,110	\$35.91	4,282.29	D	

1. Name and Address of Reporting Person\*  
ALFANO MICHAEL C  
 (Last) (First) (Middle)  
221 W. PHILADELPHIA ST  
 (Street)  
YORK PA 17405-0872  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
BRANDT ERIC  
 (Last) (First) (Middle)  
221 W. PHILADELPHIA ST  
 (Street)  
YORK PA 17405-0872  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
CHOLMONDELEY PAULA H  
 (Last) (First) (Middle)  
221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

COLEMAN MICHAEL J

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

DIXON WENDY L

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

HECHT WILLIAM F

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

JONES LESLIE A

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

LUNGER FRANCIS J

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
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(City) (State) (Zip)

1. Name and Address of Reporting Person\*

MILES JOHN C II

(Last) (First) (Middle)

221 W. PHILADELPHIA ST

(Street)  
YORK PA 17405-0872

(City)	(State)	(Zip)
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**Explanation of Responses:**

1. Not applicable to this transaction

**Remarks:**

Brian M. Addison, POA for      05/12/2010

\*\* 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.**