FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

| 1. Name and Ad SCHOLLI (Last) 3904 ARLA (Street) FORT WORK (City) | 3. Dat 09/23 | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [(XRAY)] 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner Officer (give title below) Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | ner pecify | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------|-----------------------------------------|------|---------|------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------|---------------------------------------|
| | (State | , , , | | n-Deriv | ative | Secu | ırities | Aca | uired. | Disi | oosed of | or Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | 2A. Deemed Execution Date, | | | 3. Transa Code (8) | ection | 4. Securitie Disposed C | s Acquired | (A) or | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (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. Transaction Code (Instr. 8) | | | | 6. Date Exercis: Expiration Date (Month/Day/Yea | | ıte | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Phantom Stock (3Q2005 Deferred Compensation) | \$53.5 | 09/23/2005 | | | A | | 228.98 | | (1) | | (1) | Common Stock | 228.98 | \$0 | 228.9 | 98 | D | |

Explanation of Responses:

1. Value paid in stock upon retirement

Remarks:

By: Brian M. Addison, Esquire,

09/26/2005

POA for

** 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.