FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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).

# 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

																			_	
1. Name and Address of Reporting Person*  LUNGER FRANCIS J						2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
<u>LONGER FRANCIS J</u>						[(XRAY)]											10% Ov			
(Last) (Eirst) (Middle)					, , ,									Officer (give title below)			Other (s	specify		
(Last) (First) (Middle) EIGHT BASSWOOD LANE					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2008									,						
EIGITT	JAJJWOO	DLANE		Ľ	0/10/2														╛	
(Street)				—   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
ANDOVER MA 01810													X Form filed by One Reporting Person							
(City) (State) (Zip)			(Zip)	-										Form filed by More than One Reporting Person						
		Tab	le I - Non-De	rivativ	ve Se	curitie	s A	cquired, I	Disp	osed o	f, or B	enef	iciall	y Owned					1	
1. Title of	Date	te E onth/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F	s ılly	Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or F	rice	Reported Transact (Instr. 3 a	d tion(s)			(Instr. 4)		
		7	Fable II - Der					quired, Di s, option:						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/Yea	te, 4. Transact Code (In:		5. Number		6. Date Exer	Date Exercisals xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficia Ownersh (Instr. 4)	ct al nip	
				Code	· v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ount mber ares							
Director RSU May 2008	(1)	05/13/2008		A		760		05/13/2011 <sup>(2</sup>	2)	(1)	Commo	7	60	(1)	760		D			
Stock Option	\$41.07	05/13/2008		A		1,755		05/13/2009	05	5/13/2018	Common Stock	1,	755	\$41.07	1,755		D			
Stock Option	\$41.07	05/13/2008		A		1,756		05/13/2010	0.5	5/13/2018	Common Stock	1,	756	\$41.07	1,756		D			
Stock Option	\$41.07	05/13/2008		A		1,755		05/13/2011	05	5/13/2018	Common	1,	755	\$41.07	1,755		D			

# **Explanation of Responses:**

- 1. Not applicable to this transaction.
- 2. Vests in full (restrictions lapse) 3 years from date of grant

## Remarks:

By: Brian M. Addison, Esquire, 05/14/2008 POA for

\*\* 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.