FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT.	OF CHANGES	IN RENEFICIAL	OWNERSH

ı	UNB APPRO	VAL						
	OMB Number:	3235-0287						
ı	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 Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
JONES LESLIE A				XRAY ]					X	Director			10% Ow	ner		
(Last) (First) (Middle)				^_	ARAY J						_	Officer (give title below)		Other (s below)		pecify
					3. Date of Earliest Transaction (Month/Day/Year)						,			,		
ASHLAR HOUSE				09	09/29/2010											
1921 STRA	WBERRY	FIELDS		-	16 0	ndmant Dat		Original Filed (	Manth /Day/	(n n n)	Clas	المالية المناط	:=t/C==	Cilina /	Charle Anni	
,				—   <sup>4.</sup>	II Ame	nament, Dat	e or c	inginai Filed (	Month/Day/1	rear)	Line)	iividuai or Jo	ini/Group i	riling (	Check Appli	cable
(Street)											X	Form file	ed by One	Repor	ting Person	
YORK	PA	Γ	7402									Form file	ed by More	than (	One Reporti	ng
-												Person	-			_
(City)	(State	e) (Z	ip)													
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							1041	<u> </u>	· ·			_			— г	
1. Title of Security (Instr. 3) 2. Transa			. Transaction	action   2A. Deemed   3.   4. Securities Acquired (A) Execution Date,   Transaction   Disposed Of (D) (Instr. 3, 4									. Nature of I			
			/lonth/Day/	/Day/Year) if any Conthing (Month/Day/Year) 8)			Code (Instr.	Code (Instr.		.,,	Beneficially Owned Foll		(D) or (I) (Ins		Beneficial Dwnership	
					(Worth/Day/rear)	rear)				Reported	•   ```			Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transactio				
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		'	able II - De (e.					red, Dispo options, c				wned				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	r of	6. Date Exerc	isable and	7. Title an	d Amount	8. Price of	9. Numbe	er of	10.	11. Nature
Derivative Security	Conversion or Exercise	Execution Dat		Transaction Derivative Code (Instr. Securities			Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) or Derivative Security if any (Month/Day/Year)		(Month/Day/Ye	ear) 8)	(IIISti	Acquired (A) or Disposed of (D) (Instr. 3,		Derivative Sec (Instr. 3 and 4)			Security	(Instr. 5)	Beneficially Owned Following		Direct (D)	Ownership	
										id 4)					(Instr. 4)	
				4 and 5)							Reported Transacti		(,, (,			
											Amount	]	(Instr. 4)	011(5)		
											or Number					
				Code	,   <sub>v</sub>	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares					
TNI .					,	(*)	(5)	LAGICISADIG	Date	Title	Gliales		<u> </u>			
Phantom Stock-										Comme						
Director's	\$31.87	09/29/2010		A		25.137 <sup>(3)</sup>		(1)	(2)	Common Stock	25.137	\$31.87	16,047.0	056	D	
Deferred Compensation																

## **Explanation of Responses:**

- 1. Value paid in stock upon retirement
- 2. Not applicable to this transaction
- 3. Dividend on existing account balance

## Remarks:

Brian M. Addison, POA

10/01/2010

\*\* 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.