FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

OMB Number:	3235-0287								
Estimated average burden									
hours per respense:	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															
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)					
CHOLMONDELEY PAULA H					(XRAY)								X	Director			10% Ov	vner	
(Circle (Circle)						\ /3								Officer (give title		Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/24/2005								22.2,			,			
213 WINCHESTER STREET						03/24/2003													
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
l ` ′	BROOKLINE MA 02146												X	X Form filed by One Reporting Person					
														Form filed by More than One Reporting Person					
(City)	(State)	(Zip)												Feison					
		Table	l - Nor	n-Deriva	tive S	ecur	ities	Acqı	uired,	Dis	oosed of,	or Bene	eficially	Owned					
1. Title of Secur	ity (Instr. 3)			2. Transac												7. Nature of			
Date (Month/D								Transaction Disposed Of (D) (Instr. 3, 4			3, 4 and 5)	[*] Beneficial		(D) or	r Indirect E	Indirect Beneficial Ownership			
					(Month/Day/Year)			8)				1	Owned Fo		(I) (Ins		(Instr. 4)		
						Code V Amount (A) or (D)				Price	Transaction(s) (Instr. 3 and 4)								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
											onvertibl								
1. Title of Derivative	2. Conversion		if any	tion Date,	4. Transa	action	5. Nu	5. Number		6. Date Exercisal Expiration Date				8. Price of Derivative	9. Number derivative		10. Ownership	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of				Code (Deriv		(Month			Securities Underlyin	6	Security (Instr. 5)	Securities Beneficially	s	Form: Direct (D)	Beneficial Ownership	
,	Derivative Security (Month/Day/Tear) by Securities Secu		Security	(Owned	or Indire	or Indirect (I) (Instr. 4)	ct (Instr. 4)											
Security				Disposed of (D)							u -,		Reported Transaction(s)		(1) (1113111 4)				
							(Instr. 3, 4						(Instr. 4)	1011(3)	,5,				
							1 1					 	Amount	1					
													or Number						
				Code	e V (A) (D)		(D)	Date Exercisable		Expiration Date	Title of Shares								
Phantom Stock																		İ	
(1Q2005 Deferred Compensation) ⁽¹⁾	\$53.01	03/24/2005			A		3.95		(2	()	(2)	Common Stock	3.95	\$0	3.95	5	D		

Explanation of Responses:

- Dividend on existing account balance
- 2. Value paid in stock upon retirement

Remarks:

By: Brian M. Addison, Esquire, POA for

03/28/2005

** 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.