FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| O١ | ИΒ | APPROVAL | |
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| | | | |
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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

| | of Section 30(ff) of the investment Company Act of 1940 | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------------------|-------|---|---|--|--------------------------------------|--|---|---|---|---|--|--------------------------------------|--|---|------------|--|
| Name and Address of Reporting Person* SCHOLLMAIER EDGAR H | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SCHOLLWAIER EDGAR II | | | | LIXE | (XRAY)] | | | | | | | | X Director | | | 10% Ow | ner | | |
| (Last) | (First) |) (M | iddle) | | | | | | | | | | | Officer (g below) | jive title | | Other (specifically below) | ecify | |
| 3904 ARLAN LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2003 | | | | | | | | | | | | | | |
| (Street) FORT WOR | reet) DRT WORTH TX 76109 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State | e) (Z | p) | | | | | | | | | | | roilli ille | d by More | tilali C | эпе керопп | ig Feisoli | |
| | | Tab | le I - Non | -Deri | vativ | e Se | curities | Ac | quired, | Dis | posed of, o | or Bene | ficially (| Owned | | | | | |
| Date | | | 2. Trans Date (Month | | ar) l | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. | | Acquired (A) or (D) (Instr. 3, 4 and 5) | | 5. Amount Securities Beneficiall Following Reported | y Owned | 6. Owr Form: (D) or (I) (Ins | Direct I Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transactio (Instr. 3 an | | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Dat | | 3. Transaction Date (Month/Day/Year) | ate Execution | | Date, Trans | | 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and | ve ies ed ed nstr. | 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 derivative Securities Beneficial Owned Following Reported Transact (Instr. 4) | re es ally g d ion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | le | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock (3Q2003 Deferred Compensation) | \$44.76 | 09/25/2003 | | | A | | 379.07 | | 08/08/198 | 8 ⁽¹⁾ | 08/08/1988 ⁽²⁾ | Common Stock | 379.07 | \$44.76 | 379.0 | 07 | D | | |

Explanation of Responses:

- 1. Value paid in stock upon retirement
- 2. There is no defined expiration date. Value is paid in cash upon retirement.

Remarks:

By: Brian M. Addison, P.O.A. <u>for</u>

** Signature of Reporting Person Date

09/26/2003

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.