FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number:	MB Number: 3235-0104							
Estimated average burden								
hours per response:	0.5							

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 Add	2. Date of Event Requiring Stater Month/Day/Yea 02/11/2011	ment	3. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]									
(Last)	(First)	(Middle)			Relationship of Reporting Perso (Check all applicable) X Director		n(s) to Issue	(M	5. If Amendment, Date of Original Filed (Month/Day/Year)			
221 WEST PHILADELPHIA STREET					Officer (give title below)		Other (spe	cify 6.	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) YORK	PA	17405				,	,			y One Reporting Person y More than One		
									Reporting P			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Underlying Derivative Security (Inst			4. Conversio or Exercis	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				
Stock Option (Grant		02/11/2014	02/11/2021		Common Stock	2,500	36.62	D			
RSU (Restricte	ed Stock Unit) C	Granted	(1)	(2)		Common Stock	266	36.62	D			

Explanation of Responses:

- 1. Not applicable to this transaction.
- 2. Not applicable to this transaction.

02/11/2011 Brian M. Addison

** 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 5 (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.