FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

								.,	5			0. 2040							
1. Name and Address of Reporting Person* HECHT WILLIAM F					D	2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY INTERNATIONAL INC /DE/</u>								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
						[(XRAY)]								Officer (give title Other (Other (s		
(Last) (First) (Middle) 3920 RAVENSWOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/31/2007								Delot	v)		Delow)			
						f A ma	ondmon	t Dot		ilod	(Month/Do	w/Voor)			. loint/Croun		(Chook An	plicabla	
(Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
ALLENTOWN PA 181039661			1										X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	(State) (Zip)												Person					
		Tab	le I - Nor	n-Deriv	vative	e Se	curiti	es A	cquired, I	Disp	osed o	of, or Be	neficia	ally Owne	d				
1. Title of Security (Instr. 3) Date (Month/E					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					nd Securit Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	Price	Report Transa (Instr. :	ed ction(s) 8 and 4)			(Instr. 4)	
		7							quired, Di										
				(e.g., p	uts,	call	s, wa	rrant	s, option	s, c	onvertil	ble secu	irities))					
Derivative Conversion Date E Security or Exercise (Month/Day/Year) i			3A. Deeme Execution I if any (Month/Day	Date,	Code (In		of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		e C S F Ily E I C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Γ									Amoun or	it					
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Numbe of Shares						
Director RSU July 2007	(1)	07/31/2007			A		863		07/31/2010 ⁽²	2)	(1)	Common Stock	863	(1)	863		D		
Director Stock Option	\$36.49	07/31/2007			Α		160		07/31/2008	0	7/31/2017	Common Stock	160	\$36.49	160		D		
Director																			
Stock Option	\$36.49	07/31/2007			A		161		07/31/2009	╞	7/31/2017	Common Stock	161	\$36.49	161		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, 08/02/2007 POA for

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.