FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |          |  |  |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|--|--|
| OMP Number:  | 2225 020 |  |  |  |  |  |  |  |

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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

|  |   |  |  |   | 01 0                                   | Jectio  | 11 30(11) (  | Ji tile | investment c                                 | Joinpany A        | ACT OF   | 1 1340  |   |   |  |   |   |  |  |
|--|---|--|--|---|--|---|--|---------|--|-------------------|--|---|---|---|--|---|---|--|--|
| 1. Name and Address of Reporting Person*  MOSCH JAMES G  |   |  |  | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ |  |   |  |         |  |                   |  |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |   |   |  |  |
|  |   |  |  | [ (2  | [(XRAY)]                               |   |  |         |  |                   |  |   | X Officer   | or<br>(give title                                     |  | 10% Ow  | · I   |  |  |
| (Last)   | (Last) (First) (Middle)   |  |  |   |  |   |  |         |  |                   |  |   |   |   | below)   |   |   |  |  |
| 15 STODDARD COURT  |   |  |  |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2005 |  |         |  |                   |  |   |   | SENIOR VICE PRESIDENT                                 |  |   |   |  |  |
|  |   |  |  |   |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |         |  |                   |  |   |   | 6. Individual or Joint/Group Filing (Check Applicable |  |   |   |  |  |
| (Street) SPARKS MD 21152                                 |   |  |  |   |  |   |  |         |  |                   |  | - 1   | Line) X Form filed by One Reporting Person                              |   |  |   |   |  |  |
| (City)   | City) (State) (Zip)   |  |  |   |  |   |  |         |  |                   |  |   |   | Form filed by More than One Reporting<br>Person       |  |   |   |  |  |
|  |   | Tab  | le I - Nor                                       | n-Deriva  | ative                                  | Sec   | curities   | s Ac    | quired, D                                    | isposed           | d of,  | , or Be   | neficia   | lly Owned   | t  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |  |  |   |  | ur) E   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |         | Code (Ins                                    | ion Dispo         | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |   | Benefici<br>Owned I                                   | es<br>ally<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|  |   |  |  |   |  |   |  | Code V  | / Amou                                       | ınt               | (A) or (D)   |   | Reporte<br>Transac<br>(Instr. 3   | tion(s)   |  |   | (Instr. 4)  |  |  |
|  |   | Т  |  |   |  |   |  |         | uired, Dis<br>, options                      |                   |  |   |   | / Owned   |  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution I<br>if any<br>(Month/Day | Date, T   | 4.<br>Transaction<br>Code (Instr<br>8) |   |  |         | 6. Date Exerc<br>Expiration D<br>(Month/Day/ | ate               | S  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y O<br>Fe<br>D<br>oi<br>(I)                                       | 0.<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |  |   | Code                                   | v   | (A)  | (D)     | Date<br>Exercisable                          | Expiratio<br>Date |  | Γitle   | Amount<br>or<br>Number<br>of<br>Shares                                  |   |  |   |   |  |  |
| Stock<br>Option  | \$55.48   | 12/13/2005                                 |  |   | Α                                      |   | 9,174  |         | 12/13/2006                                   | 12/13/201         | 15   | Common<br>Stock   | 9,174   | \$0   | 9,174  |   | D   |  |  |
| Stock<br>Option  | \$55.48   | 12/13/2005                                 |  |   | A                                      |   | 9,173  |         | 12/13/2007                                   | 12/13/201         | 15   | Common<br>Stock   | 9,173   | \$0   | 9,173  |   | D   |  |  |
| Stock<br>Option  | \$55.48   | 12/13/2005                                 |  |   | A                                      |   | 9,174  |         | 12/13/2008                                   | 12/13/201         | 15   | Common<br>Stock   | 9,174   | \$0   | 9,174  |   | D   |  |  |

**Explanation of Responses:** 

By: Brian M. Addison, Esquire, POA for

12/19/2005

\*\* Signature of Reporting Person

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

- \* 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.