FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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

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 ar | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [(XRAY)] | | | | | | | | <u>:/</u> (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | |
|--|--|--|--|----------|--|--------|-------|------|--|---|--------|--|--|---|--|---|--|
| (Last) (First) (Middle) 15 STODDARD COURT | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2008 | | | | | | | | | helow) | | pelow) PRESIDEN | · |
| (Street) | 5 М | MD Z | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Apline) X Form filed by One Reporting Person Form filed by More than One Report Inc. Example 1. Form filed by More than One Report Inc. Example 2. Form filed by More than One Report Inc. Example 2. Form filed by More than One Report Inc. Example 3. Individual or Joint/Group Filing (Check Application) Example 4. Individual or Joint/Group Filing (Check Application) Example 5. Individual or Joint/Group Filing (Check Application) Example 6. | | | | | | | | | | | n | |
| (City) | (S | (State) (Zip | | | | Person | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution | | | Date | Code (Inst | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) o d Of (D) (Instr. 3, 4 a | | Beneficia Owned F | es For ally (D) Following (I) (| orm: Direct D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code V | Ar | mount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, Tra | e, Transacti Code (Ins | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | v | (A) | (D) | Date Exercisable | Expii Date | ration | Title | Amount or Number of Shares | | | | |
| Restricted | (1) | 02/04/2008 | | | A | | 5,148 | | 02/04/2011 ⁽²⁾ | | (1) | Common | 5,148 | \$41.13 | 5,148 | D | |

Explanation of Responses:

- 1. Not applicable to this transaction.
- 2. Vests in full (restrictions lapse) 3 years from date of grant $\frac{1}{2}$

Remarks:

By: Brian M. Addison, Esquire, 02/14/2008 POA for

** 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.