FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | 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 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 0. | 000 | 00() | J. 1 | investment v | •••• | pa, 7 tot | 0. 20.0 | | | | | | | | |
|---|---|--|--|---------|--|--|----------|------|---|---|-----------|-----------------------|-------------------------------|--|---|-------|--|---------------------------------------|--|--|
| Name and Address of Reporting Person* SIZE ROBERT J. | | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [(XRAY)] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
| (Last) (First) (Middle) 30859 EDGEWATER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/07/2008 | | | | | | | | | X Officer (give title Offier (specify below) Senior Vice President | | | | | |
| (Street) LEWES DE 19958 (City) (State) (Zip) | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | <u> </u> | | ı-Deriv | vative | Sec | curities | s Ac | quired, D | isn | osed (| of or Bo | enefi | cially | , Owner | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | saction | ction 2A. Deemed Execution Date, | | | 3. Transact Code (In: 8) | 3. 4. Secur Transaction Code (Instr. 8) 4. Secur Dispose 5) | | ities Acquired (A) or | |) or 4 and | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership Instr. 4) | |
| | | Т | | | | | | | uired, Dis , options | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Date, Transa Code | | | | 6. Date Exer Expiration D (Month/Day/ | ate | Amount of | | 1 9 | B. Price of Derivative Gecurity Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | · | (A) | | Date Exercisable | | opiration | Title | Amo or Nun of Sha | nber | | | | | | |
| Additional RSUs ⁽¹⁾ | (2) | 04/07/2008 | | | A | | 10.27 | | (2) | | (2) | Common Stock | 10 | .27 | \$39.71 | 30.79 | | D | | |

Explanation of Responses:

- 1. Dividend on existing vested or unvested Restricted Stock Units (RSUs) awarded to participant, payable as additional units of phantom stock
- 2. Not applicable to this transaction.

Remarks:

By: Brian M. Addison, Esquire, POA for

04/09/2008

** 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.