SEC Form 4

**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

| 1. Name and Address of Reporting Person[*]<br><br>MOSCH JAMES G<br><br>(Last)          (First)          (Middle)<br><br>221 WEST PHILADELPHIA STREET<br>SUITE 60W<br><br>(Street)<br><br>YORK          PA          17401<br><br>(City)          (State)          (Zip) | 2. Issuer Name **and** Ticker or Trading Symbol<br><br>DENTSPLY INTERNATIONAL INC /DE/ [ XRAY ]<br><br>3. Date of Earliest Transaction (Month/Day/Year)<br>03/27/2015<br><br>4. If Amendment, Date of Original Filed (Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br>　　Director　　　　　10% Owner<br>X　Officer (give title below)　　Other (specify below)<br><br>Executive VP & C.O.O.<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br>X　Form filed by One Reporting Person<br>　　Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |

**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 Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Supplemental Executive Retirement Plan (SERP) | (1) | 03/27/2015 | | A | | 1,754.62[(2)] | | (1) | (3) | Common Stock | 1,754.62 | $48.48 | 22,821.5611 | D | |
| Supplemental Executive Retirement Plan (SERP) | (1) | 03/27/2015 | | A | | 103.508[(4)] | | (1) | (3) | Common Stock | 103.508 | $53.27 | 22,925.0691 | D | |

**Explanation of Responses:**

1. Not applicable to this transaction.
2. Supplemental Executive Retirement Plan (SERP) allocation for the year 2014 based on closing pririce on 12/31/2013.
3. Value paid in stock following the reporting person's retirement.
4. Supplemental Executive Retirement Plan (SERP) dividend for the year 2014; based on 12/31/2014 closing price.

Deborah M. Rasin, POA for James G. Mosch          03/31/2015

** 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.**