FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name **and** Ticker or Trading Symbol

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

CLARK CHRISTOPHER T						DENTSPLY INTERNATIONAL INC /DE/ [XRAY]							c all applicat Director Officer (g	,	10% Owner		
	ast) (First) (Middle) 21 WEST PHILADELPHIA STREET UITE 60W				3. Date of Earliest Transaction (Month/Day/Year) 02/21/2015								below) ``	President	& C.F	below)	
Street) YORK PA 17401					4. If An	nendmer	nt, Date of 0	Original F	ginal Filed (Month/Day/Year)			6. Indi					
(City)	City) (State) (Zip)																
			Table I - Non			_		uired,	Disp								
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Disposed Of	s Acquired (f (D) (Instr. :	A) or 3, 4 and 5)	5. Amount Securities Beneficiall Following	y Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock				02/21/2015						4,276	A \$0		4,276		D		
Common Stock					02/21/2015					17,892	A	A \$0		22,168		D	
Common Stock 02)2/21/2015					7,504 ⁽⁴⁾	D	\$52.53	14,664		D		
			Table II - D							sed of, or onvertible			vned				
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)	Transaction Code (Instr.		5. Number of Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		te	of Securiti Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following	Ownersh Form: Direct (D or Indire	Ownership	Beneficial Ownership ct (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Reported Transacti (Instr. 4)			
PRSU	\$52.53	02/21/2015		M			4,276 ⁽¹⁾	02/21/2	2015	(2)	Common Stock	4,276	\$0 ⁽²⁾	9,167.6	511	D	
RSU (Restricted Stock Unit)	\$52.53	02/21/2015		М			17,892 ⁽³⁾	02/21/2	2015	(2)	Common Stock	17,892	\$0 ⁽²⁾	38,781.4	474	D	
Stock Option	\$52	02/23/2015		A		61,100		02/20/20)16 ⁽⁵⁾	02/20/2025	Common Stock	611,000	\$0	61,10	0	D	
RSU (Restricted Stock Unit)	\$0	02/23/2015		A		8,718		02/23/20)18 ⁽⁶⁾	(2)	Common Stock	8,718	\$0	47,499.4	474	D	
PRSU	\$0	02/24/2015		A		8,282		02/24/20)17 ⁽⁶⁾	(2)	Common Stock	8,282	\$0	17,449.0	611	D	

Explanation of Responses:

1. Vesting of PRSU granted on 2/21/2012 (previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of grant).

- 2. Not applicable to this transaction.
- 3. Vesting of RSU granted on 2/21/2012 (previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of grant).
- 4. Amount withheld for taxes.
- 5. Shares vest in annual one-third (1/3) increments over a three-year period ending February 23, 2018.
- 6. Vests in full (restrictions lapse) 3 years from date of grant.

Deborah M. Rasin, POA for 02/25/2015 Christopher T. Clark

** 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.