FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burd	en							
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

1. Name and Address of Reporting Person* HECHT WILLIAM F					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HECHI WILLIAM F					XRAY							Director			10% Owi	ner	
(Last)	(F	irst)	(Middle)		Auti 1							Officer ( below)	give title	X	Other (sp below)	ecify	
221 WEST PHILADELPHIA STREET					3. Date of Earliest Transaction (Month/Day/Year)							Lead Director					
					06/25/2012												
WEST BUILDING/DENTSPLY				H													
-				—   4	. If Am	endment, Da	ate of	Original Filed	I (Month/Day	//Year)	6. Inc	ividual or Jo	int/Group I	Filing (	Check Appli	cable	
(Street)	_										X	Form file	ed by One	Renor	ting Person		
YORK	P	A	17405										,	•	One Reportir	,	
-												Person	eu by More	: IIIaII V	опе керопі	ig	
(City)	(S	state)	(Zip)														
		T,	able I - Non-D	orivat	ivo S	ocuritios	۸۰۰	uired Di	enosad o	f or Bor	oficially	Owned					
								1	<del>-</del>			_					
1. Title of Security (Instr. 3)  2. Trans Date (Month/					saction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4						6. Ownership Form: Direct		7. Nature of Indirect	
				(Month/Day/		ay/Year) if any		Code (Instr.		, <b>,</b>	Beneficial Owned Fo			Indirect B	Beneficial Dwnership		
						(Month/Day/Year)		8)				Reported	ĭ	(I) (Ins		Instr. 4)	
								Code V	Amount	(A) or (D)	Price	Transactio					
						<u> </u>				' '		1,	,				
			Table II - De (e.ç					iired, Disp options,				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any	Execution Date,	Code (Instr.		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	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
											Amount	1	Transacti (Instr. 4)	on(s)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares						
Phantom																	
Stock (Directors' Deferred Comp)	(1)	06/25/2012		A		813.075 <sup>(2)</sup>		(3)	(4)	Common Stock	813.075	\$36.685	24,951.8	371	D		

## Explanation of Responses:

- 1. Shares of phantom stock convert into common stock on a 1:1 basis.
- 2. Dividend on existing account balance.
- 3. Value paid in stock upon retirement.
- 4. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for</u> William F. Hecht

06/26/2012

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.