FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ONIB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	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(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

				,	or occi	1011 30(11)	or tire	iiivesiiiieiii C	ompany Act	31 1340						
1. Name and Address of Reporting Person* <u>SIZE ROBERT J.</u>				2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				XRAY]							Director			10% Ow		
(Lact)	(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET				Auti j							Officer below)	(give title	Other (spe below)		pecify
					3. Date of Earliest Transaction (Month/Day/Year)						Senior VP					
SUITE 60W			[0.	02/24/2014												
JUITE 00W				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)								· ·			Line			_		
YORK	PA	A	17401								2	_	,	•	rting Person	
												Form filed by More than One Reporting Person				ing
(City)	(S	tate)	(Zip)													
		Tal	ble I - Non-D	Derivati	ve Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	neficiall	y Owned				
1. Title of S	Security (Inst	tr. 3)	2.	Transactio	on	2A. Deem	ed	3.	4. Securit	ies Acquire	d (A) or	5. Amou	nt of	6. Ow	nership 7	. Nature of
Date			ate /lonth/Day/	Day/Year) Execution Date, if any (Month/Day/Year)		Date,	te, Transaction Disposed Of Code (Instr. 5)		Of (D) (Instr. 3, 4 and		Securities Beneficially		Form: Direct (D) or Indirect		Indirect Beneficial	
ì						-	ar) 8)				Owned F Reported				Ownership (Instr. 4)	
						Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a				ŕ		
			Table II - De	rivative	Sec	uritias	Δca	uired Dist	nosed of	or Rene	ficially	Owned				
								, options,				Ownca				
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Numbe		Jumber 6. Date Exercisable and		7. Title and		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion Date Execution D or Exercise (Month/Day/Year) if any		Execution Date	Date, Transaction Code (Inst				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of			ar) 8)	(Securities Acquired		Derivative Sec (Instr. 3 and 4)			Security	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)
Security					(A) or					.u +,		Following Reported		(I) (Instr. 4)	(5 4)	
					Disposed of (D) (Instr.								Transaction(s)			
					3, 4 and 5)					A		(1115(1.4)				
											Amount or					
				l	l			Date	Expiration		Number of					
				Code	V	(A)	(D)	Exercisable	Date	Title	Shares					
Stock Option	\$45.11	02/24/2014		A		25,300		02/24/2015 ⁽¹⁾	02/24/2024	Common Stock	25,300	\$0	25,300)	D	
RSU (Restricted										Common						
Stock	\$0	02/24/2014		A		7,042		02/24/2017 ⁽²⁾	(3)	Stock	7,042	\$0	20,936.1	.19	D	

Explanation of Responses:

- 1. Shares vest in annual one-third (1/3) increments over a three-year period ending February 24, 2017.
- 2. Vests in full (restrictions lapse) 3 years from date of grant.
- 3. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for</u> <u>Robert J. Size</u>

02/26/2014

** 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.