SEC I	Form 4
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FORM 4

Check this box if no longer subject to

ion 16 Eorm 4 or E

UNITED STATES SECURITIES	AND EXCHANGE COMMISSION
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Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

I

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

Ownership (Instr. 4)

or Indirect (I) (Instr. 4)

D

Obligat	tions may continue to the tions may continue to the tion to the ti	ursuant to Section 16(a) of the Securities Exchange Act of 1934					84		hours	s per res	sponse:	0.5				
						tion 30(h) of thè Ír										
1. Name and Address of Reporting Person <sup>*</sup> <u>MILES JOHN C II</u>				2. Issuer Name and Ticker or Trading Symbol <u>DENTSPLY INTERNATIONAL INC /DE/</u> [ XRAY]						[ (Che	••				uer wner specify	
··	(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY					3. Date of Earliest Transaction (Month/Day/Year) 04/12/2013						below)	(9.00 0.00		below)	op conly
(Street)					4. If Am	endment, Date of	Original	Filed	(Month/Day	//Year)	Line)					
YORK	P	4	17405								>		led by Mo		rting Perso One Repo	
(City)	(S	tate)	(Zip)									1 01001				
		Та	ble I - No	n-Deriv	ative Se	ecurities Acq	uired,	Disp	oosed of	f, or Bene	eficially	v Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I			action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)			es Acquired Of (D) (Instr.				Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(inst. 4)
						urities Acqu Is, warrants,						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tr	ansaction ode (Instr.	5. Number of Derivative Securities Acquired (A)	6. Date I Expirati (Month/	on Dat		7. Title and of Securitie Underlying Derivative S	s	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici	/e es	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership

			Code	v	(A)	(D)	Date Exercisable	Expiration Date
RSU (Restricted Stock Unit)	\$0	04/12/2013	A		10.267 <sup>(1)</sup>		(1)	(2)

Explanation of Responses:

1. Vests in full (restrictions lapse) 3 years from date of grant

2. Not applicable to this transaction.

Derivative

Security

## Deborah M. Rasin, POA for John C. Miles II

(Instr. 3 and 4)

Title

Commo

Stock

04/16/2013

Date

Owned Following Reported Transaction(s) (Instr. 4)

6,980.124

\*\* Signature of Reporting Person

Amount or Number of Shares

10.267

\$<mark>0</mark>

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.

or Disposed of (D) (Instr. 3, 4 and 5)