FORM 4

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

Washington D.C. 20549

vvasimigi	ton, D.O. 20040	

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
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).

## 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* MILES JOHN C II				2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MILES	JOHN C	<u>: 11</u>			RAY			DICI VI II	101	<b>17 11</b>	<del>(C)DL</del>		X Directo	r	10% Ov	vner
(Last)	/E	iret)	(Middle)			J							Officer below)	(give title	Other (s	specify
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/12/2013								,		,	
WEST B	UILDING/	DENTSPLY		4	If Ame	endment, Da	ate of	Original Fil	ed (N	Month/Day	/Year)	6 1	ndividual or 1	oint/Group Fil	ling (Check Ap	nlicable
(Street)					11 / 11110	ondinont, De	ate of	Originari	ca (n	vioritinDay	/ Icai)	Line	e)			
YORK	PA	A	17405										-	•	eporting Perso	
													Form fi Person		han One Repo	rting
(City)	(S	tate)	(Zip)													
		Та	ble I - Non-C	erivati	ve Se	curities	Acc	uired, D	isp	osed of	, or Ben	eficiall	y Owned			
Date			Transaction te onth/Day/	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and Securities Beneficially Owned Followi		orm: Direct 0) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	,	Amount (A) or (D)		Price	Reported Transacti (Instr. 3 a	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
			Table II - De (e.			urities A ls, warra		,	•	,		•	Owned	,	·	
Derivative Conversion Date Security or Exercise (Month/Day/Year) if		3A. Deemed Execution Date, if any (Month/Day/Yea	Code	ansaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and of Securitie Underlying Derivative S (Instr. 3 and		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(5)	
RSU (Restricted Stock Unit)	<b>\$0</b> <sup>(1)</sup>	07/12/2013		A		13.047 <sup>(2)</sup>		(3)		(4)	Common Stock	13.047	\$0	8,560.171	D	

## **Explanation of Responses:**

- 1. Shares convert to common stock on a 1:1 basis.
- 2. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 3. Dividends vest simultaneously with Restricted Stock Units to which they relate.
- 4. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for</u> <u>John C. Miles II</u>

07/16/2013

\*\* 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.