FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Inglon, D.C. 20549	OMB APPROVAL
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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

	tion 1(b).	iue. See							ities Exchan		934		nours per	response:	0.5
1. Name and Address of Reporting Person* <u>CHOLMONDELEY PAULA H</u>					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]						<u>/</u> [   (Ch	eck all applic	10% Owner		wner
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY					3. Date of Earliest Transaction (Month/Day/Year) 01/11/2013							Officer below)	(give title	Other ( below)	specify
(Street) YORK PA 17405  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	le I - Non-	Derivati	ve Se	curities	Acq	juired, Di	sposed o	f, or Bei	neficiall	y Owned			
Date				2. Transaction Date (Month/Day/	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5. Amour Securitie Beneficia Owned F Reported	es Formally (D) Following (I) (I	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)		(Instr. 4)
		-	Table II - D (e						oosed of, convertil			Owned			
Derivative Conversion D				Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative 3 (Instr. 3 and			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
RSU (Restricted Stock Unit)	\$0 <sup>(1)</sup>	01/11/2013		A		9.564 <sup>(2)</sup>		(3)	(4)	Common Stock	9.564	\$39.01	6,967.811	D	

## **Explanation of Responses:**

- Shares convert to common stock on a one for one basis.
- 2. Dividend on existing vested or unvested Restricted Stock Units (RSUs) awarded to participant, payable as additional units of phantom stock.
- 3. Vests in full (restrictions lapse) 3 years from date of grant.
- 4. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for</u> <u>Paula H. Cholmondeley</u>

01/14/2013

\*\* 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.