FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| | | _00.0 | |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

| Instructi | ion 1(b). Holdings Repo | rted. | OWNERSHIP | | | | | | | | | | ll l | Estimated average burde hours per response: | | den 1.0 |
|-------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|-----------|--------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|------------|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | |
| 1. Name and Address of Reporting Person* JONES LESLIE A | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [(XRAY)] | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) ASHLAR HOUSE 1921 STRAWBERRY FIELDS | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007 | | | | | | Year) | Officer (give title Other (sp below) below) | | | | | |
| (Street) YORK (City) | PA (Sta | | 7402 Zip) | 4. If Amen | dment | , Date (| of Origi | inal File | d (Month/D | ay/Year | | | n filed by n filed by | One Re | ng (Check porting Per an One Re | son |
| | | Table | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | d, Di | sposed (| of, or | Benefici | ally Own | ed | | | |
| Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Dispose | 5. Amount of Securities Beneficially Owned at end of | | 6. Ownership Form: Direct f (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Amou | nt | (A) or (D) | Price | Issuer's | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | |
| Common Stock | | | 12/20/2007 | | G | | Ĵ | 2, | ,000 | D | \$45 | 142,058 | | | D | |
| Common Stock | | | | | | | | 46 | 46,000 | | I 1 | By Spouse | | | | |
| | | Ta | ble II - Derivat (e.g., pı | ive Secur uts, calls, | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, Transaction of | | ative rities ired rosed . 3, 4 | Expiration Date (Month/Day/Year) Se Ur Ur Ur Day Se an Date Expiration | | | and 4 | int of rities rlying ative rity (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securiti Benefici Owned Followin Reporte Transac (Instr. 4) | ve es ially ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

By: Brian M. Addison, Esquire, POA for

01/24/2008

** 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.