## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
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).

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 $^*$ JONES LESLIE A						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)						
					_   [ X	[ XRAY ]							X	Dire		10% (			
(Last) (First) (Middle)														Officer (give title below)		below	(specify )		
221 WEST PHILADELPHIA STREET						3. Date of Earliest Transaction (Month/Day/Year) 08/25/2014													
SUITE 60W					00/	00/20/2014													
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person					
YORK PA 17405															Form filed by More than One Reporting				
(City)	(C+	ate) (2	Zin)		-								Person						
(City)	(31	ale) (	Zip)																
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)						Execution Date,		3. Transaction Code (Instr. 8)					and 5) Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	Price	)	Repor Trans (Instr.	action(s) 3 and 4)		(Instr. 4)		
Common Stock 08/25/20						2014		S		2,000	D	\$48	3.2958		94,801	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Exercis	able	Date	Title	Shares						

**Explanation of Responses:** 

Deborah M. Rasin, POA for Leslie A. Jones

08/27/2014

\*\* 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.