FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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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

Name and Address of Reporting Person* SIZE ROBERT J.						2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]									5. Relationship of Reporting (Check all applicable) Director Officer (give title			10%	ssuer Owner (specify	
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET SUITE 60W						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014										X Officer (give title Other (specify below) Senior VP				
(Street) YORK PA 17401 (City) (State) (Zip)				4. If	Line										ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Executi			Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bend		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount		(A) or (D)	Price	Trans		action(s) 3 and 4)		(111501.4)				
Common Stock 05/12/									S		5,049)	D	\$46	6.29		1,588	D		
		Та									osed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Dat rity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)			rative rities ired r osed)	Expirat (Month)	Date Expiration Expiration Date Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares			ice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Deborah M. Rasin, POA for Robert J. Size

05/13/2014

** 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.