FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL
l	OMB Number:	3235-02

87 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

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1. Name and Address of Reporting Person*  LUNGER FRANCIS J						2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LUNG	<u>EK FKAI</u>	<u>VC13 J</u>			[ XRAY ]									2	V Director	Director			ner	
(Last)	(Fi		[ Muli ]											Officer (give title below)		Other (s below)	pecify			
	`	rst) DELPHIA STRE		3. Date of Earliest Transaction (Month/Day/Year)																
			04/	04/12/2013																
WEST B	4. If Amendment, Date of Original Filed (Month/Day/Moor)								6 10	6. Individual or Joint/Group Filing (Check Applicable										
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
(Street)					1										X Form filed by One Reporting Person					
YORK	PA	1	17405		1										Form filed by More than One Reporting					
-					1										Persor	n ´			Ü	
(City)	(S	tate)	(Zip)																	
		Tah	le I - Non	-Deriv	ative	۰ ۵۵	Curitios	: Acc	nuired I	Die	nosed o	of or Be	no	ficiall	v Owner	l				
									<del></del>	וכוט					_					
1. Title of Security (Instr. 3) 2. Transa						ction 2A. Deemed Execution Da			3. Transac	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amou				7. Nature of Indirect	
					h/Day/Year)		if any (Month/Day/Year		Code (Instr.				,	Beneficia Owned F		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership		
							(Month/Day/16		0)						Reported	ĭ	(1) (111		(Instr. 4)	
									Code	V	Amount	(A) c (D)	or	Price	Transact (Instr. 3					
		-	Table II - F	D = wit += 4		Caa		Λ	ined Di			ar Dar	4:	-:-U.,	O					
			Table II - I )						וורפט, טו , option:						Owned					
1. Title of	2.	3. Transaction	3A. Deemed	1 4.	ı.		5. Numb		6. Date Ex			7. Title a	nd		8. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Transactio				Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of		(Month/Day				Securities		Underlying					(Instr. 5)	Beneficially		Direct (D)	Ownership		
	Derivative Security						Acquired (A) or		Derivative Section (Instr. 3 and 4)						Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
							Disposed of (D) (Instr. 3, 4 and 5)							Reported Transaction(s	n(e)					
																(Instr. 4)	"(3)			
								П		Т			A	mount						
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						ļ.,	(0)		Date		expiration	Tialo	of	f						
				-	Code	V	(A)	(D)	Exercisabl	E L	Date	Title	13	hares			_			
RSU (Restricted		0.4/12/2012					5.52 <sup>(1)</sup>		(2)		(3)	Common			00	2.750.50	,	D		
Creat.	\$ <del>0</del>	04/12/2013	I	- 1	A	I	<b>1</b> 5.52 <sup>(1)</sup>		(4)	- 1	(3)	I consti	1	5.52	<b>\$0</b>	3,750.79	1/	D	I	

## **Explanation of Responses:**

Stock Unit)

- 1. Dividend on existing account balance
- 2. Vests in full (restrictions lapse) 3 years from date of grant
- 3. Not applicable to this transaction

Deborah M. Rasin, POA for Francis J. Lunger

Stock

04/16/2013

\*\* 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.