FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Eiled pursuant to Section 16(a) of the Securities Eychange Act of 10

OMB APPROVAL									
OMB Number: 3235-028									
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 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CLARK CHRISTOPHER T				DENTSPLY INTERNATIONAL INC /DE/								<u> </u>	Director			10% Ow	ner		
				,	XR	XRAY]							2	Officer below)	(give title		Other (s below)	pecify	
(Last) (First) (Middle)					3. [Date of Earliest Transaction (Month/Day/Year)								President & C.F.O.					
221 WEST PHILADELPHIA STREET					02/24/2014														
SUITE 60W																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					1									Line) V Form filed by One Reporting Person					
YORK PA 17401					1									X Form filed by One Reporting Person					
													Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tal	ole I - Non-	-Deriva	ativ	e Se	curitie	s Ac	quired, Di	spose	ed o	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transaction							ction 2A. Deemed 3. 4. Securities Acquired						d (A) or	5. Amoui	nt of 6. O			7. Nature of	
Da			Date (Month/D			Execution Date, if any		, Transactio				r. 3, 4 and	Securitie Beneficia	ally (D) o Following (I) (Ir		or Indirect nstr. 4)	ndirect Beneficial		
'			(IIIOIIII)D	, ay, i c		(Month/Day/Year							Owned F				Ownership		
						Code V	Amount (A) or		Price	Reported Transact	tion(s)		- '	Instr. 4)					
							Code	Ain		(D)	File	(Instr. 3 a	ınd 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
									s, options,										
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numb	oer	6. Date Exerci	sable ai	nd	7. Title an	d Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Execution Date, T		Transaction		of		Expiration Date of Securities			ies	Derivative	derivative		Ownership	of Indirect			
Security (Instr. 3)							Security	Security (Instr. 5)	Securities Beneficially Owned Following		Direct (D)	Beneficial Ownership							
	Derivative Security Acquired (Instr. 3 and 4)							nd 4)					(Instr. 4)						
Security							Disposed								Reported		(1) (11.151.1.4)		
						of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)					
				H	l lan				Amount										
													or						
									Date	Expira	ation		Number of						
				Co	ode	V	(A)	(D)	Exercisable	Date		Title	Shares						
Stock Option	\$45.11	02/24/2014			A		65,800		02/24/2015 ⁽¹⁾	02/24/	2024	Common Stock	65,800	\$0	65,800)	D		
RSU																			
(Restricted Stock	\$0	02/24/2014		- -	A		15,988		02/24/2017 ⁽²⁾	(3)	Common Stock	15,988	\$0	56,361.	13	D		

Explanation of Responses:

- 1. Shares vest in annual one-third (1/3) increments over a three-year period ending February 24, 2017.
- 2. Vests in full (restrictions lapse) 3 years from date of grant.
- 3. Not applicable to this transaction.

Deborah M. Rasin, POA for Christopher T. Clark

02/26/2014

** 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.