SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

						5000	011 30(1	1) OT UT	le investi			any not	01 1340									
1. Name and Address of Reporting Person* DIXON WENDY L						2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						XRA	X)]								Х				10% O			
(Last) (First) (Middle) 2 Data of Earlingt Transaction (Month/Day/Voor)											Officer (give title Other (specify below) below)											
165 FROG HOLLOW ROAD						3. Date of Earliest Transaction (Month/Day/Year) 07/28/2008										,			,			
1051100		ii nomb		0772072000																		
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
COATESVILLE PA 19320														X Form filed by One Reporting Person								
				-										Form filed by More than One Reporting								
(City) (State) (Zip)												Person	1									
		Tab	le I - Nor	n-Deriv	vative	e Se	curiti	es A	cquire	d, Di	ispo	osed o	of, or B	enefi	cially	y Owned	1					
1. Title of	Security (Ins	tr. 3)		2. Tran	saction		2A. Dee		3.				ties Acqu			5. Amou			vnership	7. Nature		
Date (Month/D					/Day/Ye	Execution Date,								4 and	Securitie Beneficia	ally (D) o		n: Direct r Indirect	of Indirect Beneficial			
"					-		(Month/	ear) 8)			Ľ				Owned F Reported	<sup>∶</sup> olĺowing d	(I) (Instr. 4)		Ownership (Instr. 4)			
									Cod	le V	4	Amount	(A) (D)	or Pr	rice	Transaction(s) (Instr. 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Instr 8)				6. Date Exercisal Expiration Date (Month/Day/Year)		te	e and	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e O s F Ily D o J (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				ſ										Amo	ount							
														Num	umber							
					Code	v	(A)	(D)	Date Exercis	able	Date	oiration e	Title	of Shar	res							
Director RSU July 2008	(1)	07/28/2008			Α		174		07/28/20	)11 <sup>(2)</sup>		(1)	Commor Stock	17	74	(1)	174		D			
Director Stock Option	\$39.39	07/28/2008			A		399		07/28/2	009	07/2	28/2018	Commor Stock	39	9	\$39.39	399		D			
Director Stock Option	\$39.39	07/28/2008			A		398		07/28/2	010	07/2	28/2018	Commor Stock	39	8	\$39.39	398		D			
Director Stock Option	\$39.39	07/28/2008			A		399		07/28/2	011	07/2	28/2018	Commor Stock	39	9	\$39.39	399		D			

Explanation of Responses:

1. Not applicable to this transaction.

2. Vests in full (restrictions lapse) 3 years from date of grant

**Remarks:** 

By: Brian M. Addison, Esquire, 07/30/2008 POA for

\*\* 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.