FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D.C. 20549	wasnington,	D.C	20549	
------------------------	-------------	-----	-------	--

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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.					<u>I</u>	2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ XRAY]								ationship of all applical Director Officer (c	10% Owner		ner		
	Last) (First) (Middle) 221 WEST PHILADELPHIA STREET SUITE 60W					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2015							_ ^	below) ``	Senio	or VP	below)		
(Street) YORK (City)	P.	A state)	17401 (Zip)		4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indir Line) X	′					
		Т	able I - No	n-De	erivat	ive S	Securitie	s Acq	uired	, Dis	posed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transpare (Month)				Execution Date, ay/Year) if any		3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In		Acquired (A D) (Instr. 3	() or , 4 and 5)	Securities F Beneficially (I		Form: (D) or	orm: Direct 0) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				msu. 4)			
Common Stock 01/09				09/20	2015		M		11,178	A	\$27.74	22,7	766		D				
Common Stock 01/09			09/20	/2015		S ⁽⁶⁾	П	11,178	D	\$52.9684	11,5	588		D					
			Table II								osed of, o			wned					
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date Execution I (Month/Day/Year) (Month/Day Security		ate, Trans		nsaction Deriva le (Instr. Securi Acquir Dispos		Number of erivative ecurities cquired (A) or isposed of (D) nstr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (Instr. 4)	nsaction(s)			
PRSU	\$0 ⁽¹⁾	01/09/2015			A		9.891 ⁽²⁾			(3)	(4)	Common Stock	9.891	\$0	4,638.7	73	D		
RSU (Restricted Stock Unit)	\$0 ⁽¹⁾	01/09/2015			A		25.876 ⁽⁵⁾			(3)	(4)	Common Stock	25.876	\$0	21,052.1	195	D		
Stock	\$27.74	01/09/2015			M			11,178	12/1	3/2006	12/13/2015	Common	11,178	\$27.74	5,600		D		

Explanation of Responses:

- 1. Shares convert to common stock on a 1:1 basis.
- 2. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 3. Dividends vest simultaneously with Restricted Stock Units to which they related.
- 4. Not applicable to this transaction.
- 5. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- $6. \ The sale \ reported in this \ Form \ 4 \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ Trading \ Plan \ adopted \ by \ the \ reporting \ person.$

Deborah M. Rasin, POA for

01/12/2015

** 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.