FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENEF | FICIAL OW | NERSHIP |
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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

| 1. Name and Address of Reporting Person* <u>CHOLMONDELEY PAULA H</u> | | | DE | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|---|--|---|---|-------------------------|--|--|---|--|--|---|---|---|---|--|------------|----------|--|--|
| | | | | | | XRA | Y)] | | | | | | | | (give title | | Other (s | | |
| (Last) (First) (Middle) 213 WINCHESTER STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/28/2008 | | | | | | | | | below) | | below) | эрсспу | | | |
| (Street) | LINE M | IA | 02146 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | e Se | curiti | es A | cquired | Dis | sposed c | of, or Be | neficia | lly Owned | i | | | | |
| Date | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | te, Transaction Disposed C Code (Instr. 5) | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reported Transact (Instr. 3 | ction(s) | | | (Instr. 4) | | | |
| | | 1 | Table II - I (| | | | | | | | osed of | | | / Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | Code (Instr. Derivative | | Expiration Date (Month/Day/Year) rities ired (seed | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership tt (Instr. 4) | t | | | |
| | | | | · | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Director RSU July 2008 | (1) | 07/28/2008 | | | A | | 174 | | 07/28/201: | (2) | (1) | Common Stock | 174 | (1) | 174 | | D | | |
| Director Stock Option | \$39.39 | 07/28/2008 | | | A | | 399 | | 07/28/200 | 09 | 07/28/2018 | Common Stock | 399 | \$39.39 | 399 | | D | | |
| Director Stock Option | \$39.39 | 07/28/2008 | | | A | | 398 | | 07/28/20: | 10 | 07/28/2018 | Common Stock | 398 | \$39.39 | 398 | | D | | |
| Director Stock Option | \$39.39 | 07/28/2008 | | | A | | 399 | | 07/28/20: | 11 | 07/28/2018 | Common Stock | 399 | \$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.