FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|----------------------|--------------------------|--|--|--|--|--|--|--|--|
| Estimated average bu | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|---|--|---|---------|-------------------------------|--|--|----------|--|------|--------------------|--|--|---|--|---|---|---|--|
| 1. Name and Address of Reporting Person* CHOLMONDELEY PAULA H | | | | | <u>D</u> | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) | | | | - XI | | | | | | | | | | icer (give title | | Other (sp | · | | |
| (Last) (First) (Middle) 221 WEST PHILADELPHIA STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/11/2014 | | | | | | | | 20.011) | | | 20.01.) | | |
| SUITE 60W | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | - 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| YORK PA 17401 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | | | | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tak | ole I - Nor | n-Deriv | vativ | e Se | curities | Acq | uired, I | Disp | osed o | f, or Bei | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | ear) i | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | d (A) or r. 3, 4 and | Beneficia Owned F | s ally following | 6. Owne Form: D (D) or Ir (I) (Instr | Direct II ndirect E r. 4) C | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | Instr. 4) | |
| 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. Deemed Execution D if any (Month/Day | Date, | 4. Transa Code (l 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | y D O (I | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(3) | | | |
| RSU (Restricted Stock Unit) | \$0 ⁽¹⁾ | 07/11/2014 | | | A | | 13.69 ⁽²⁾ | | (3) | | (4) | Common Stock | 13.69 | \$0 | 9,996.45 | 5 | 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.
- ${\it 3. \ Dividends \ vest \ simultaneously \ with \ Restricted \ Stock \ Units \ to \ which \ they \ relate.}$
- 4. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for</u> <u>Paula H. Cholmondeley</u>

07/11/2014

** 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.