FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

XRAY

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average burden									

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

1. Name and Address of Reporting Person\*

MICLOT JOHN L

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

DENTSPLY INTERNATIONAL INC /DE/

	II.	Estimated average burden hours per response: 0								
	<u> </u>									
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
X Dire	ctor	10% Owner								
Offic belo	cer (give title w)	Other (specify below)	y							
Line)	or Joint/Group Fil m filed by One Re	ing (Check Applicate	ole							
Fori Per	,	nan One Reporting								

(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET				L										below)	(give title	below)					
					3. Date of Earliest Transaction (Month/Day/Year) 05/21/2014									Below			Belowy				
SUITE	SUITE 60W				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street)	(Street)														Line)						
YORK	PA	<b>A</b> :	17405									2	X Form filed by One Reporting Person  Form filed by More than One Reporting								
														Persoi		ie iiiai	топе перо	Turig			
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non-D	Perivati	ve S	ecuriti	es A	cqui	ired, C	Disp	osed o	of, or B	ene	ficiall	y Owned	ł					
Dat			Transacti ate lonth/Day	Execution Date,		xecution Date, any			4. Securities Acquir action Disposed Of (D) (Instr. 5)					es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						•	Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(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 Dat if any (Month/Day/Ye	Cod	nsactio e (Inst			6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	e V	(A)	(D)	Date Exe	e ercisable		opiration	Title	or Nu of	ımber							
RSU (Restricted Stock Unit)	(1)	05/21/2014		A		1,390			(2)		(2)	Commo Stock	n 1,	,390	\$0	6,738.6	08	D			

## **Explanation of Responses:**

\$46.77

Stock

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of XRAY common stock.
- 2. Restricted Stock Units vest in full (restrictions lapse) three years from date of grant.
- 3. Stock Options vest in three (3) annual installments beginning May 21, 2015.

05/21/2014

Deborah M. Rasin, POA for John L. Miclot

6,500

\$0

Common

05/21/2024

05/23/2014

6,500

D

\*\* 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.

6,500