FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1	L

	OMB APPROVAL									
	OMB Number:	3235-0287								
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l	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).

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*					2. Issuer Name and Ticker or Trading Symbol								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CHOLMONDELEY PAULA H					DENTSPLY INTERNATIONAL INC /DE/ [<u>L</u> L `	(Check all applicable) X Director 10% Ov			ner		
				>	KRAY]							_	give title		Other (sr		
(Last)	(F	irst)	-									below)	give title		below)	Cony		
` ′	ST PHILAC	, DELPHIA STRE		3. Date of Earliest Transaction (Month/Day/Year) 06/25/2013														
WEST BUILDING/DENTSPLY					16/25/	2013												
MEST DOITDING/DENISELY					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. If Alleriament, Date of Original Flied (Month Day) Teal)							Line	ine)					
YORK	P	A	17405									2	Form file	ed by One	Report	ing Person		
10IX FA 1/403													Form filed by More than One Reporting Person				ng	
(City)	(S	tate)	(Zip)										1 013011					
(0.19)			(=.p)															
		Ta	able I - Non-	Derivat	ive S	ecurities	Acc	quired, C	Disp	osed of	f, or Ber	neficially	Owned					
1. Title of S	Security (Inst	r. 3)		Transact									6. Own		. Nature of			
Date (Mor				ate ⁄Ionth/Day	//Year)	Execution I if any	,	Code (Instr.		Disposed	Of (D) (Inst	r. 3, 4 and 5	Beneficial	lly (D		or Indirect	ndirect Seneficial	
					(Month/Day/Year) 8)				Owned Fo	ollowing (I) (In:			Ownership Instr. 4)					
								Code	v	Amount	(A) or	Price	Transactio			`	,	
						<u> </u>								,				
			Table II - De (e			curities <i>A</i> Ils, warra							Owned					
1. Title of	2.	3A. Deemed	4.		5. Number of		6. Date Exercisable and 7. Title and Amo				8. Price of			10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Transa Code (Derivative Securities			Date y/Yea		of Securit Underlyin		Derivative Security	derivative Securities		Ownership Form:	of Indirect	
(Instr. 3)	Price of Derivative		(Month/Day/Yea	7) 8)	•	Acquired (A) or Disposed of		Derivative Secu				Security	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						(D) (Instr. 3, 4		(IIIsti. 3 and 4)				iiu 4)		Following Reported	a	(I) (Instr. 4)	(111301.4)	
				-		anu 5)	and 5)					1	-	Transaction(s				
												Amount or		(Instr. 4)				
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Number of Shares						
Phantom							П						†					
Stock (Directors'	(1)	06/25/2013		1		442.25.4(2)		(3)		(4)	Common	442.354	\$40.38	10,238.3	161	D		
Deferred	(1)	00/25/2013		A		442.354 ⁽²⁾		(3)		(=)	Stock	442.334	\$40.36	10,238	101	ע		
Comp)				1	I	I					I	I	1	I	- 1		1	

Explanation of Responses:

- 1. Shares of Phantom Stock convert into Common Stock on a 1:1 basis.
- 2. Comprises Directors' Deferred Compensation (DDC) and credited Dividends on DDC.
- 3. Value paid in stock upon termination of service as a Director.
- 4. Not applicable to this transaction.

Deborah M. Rasin, POA for Paula H. Cholmondeley

06/26/2013

** 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.