FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number	3235-02									

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Deese Willie A					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/						<u>./</u> (Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)					
][[XRAY]						X Director			10% Ow	- 1		
(Lact)	/Ei	iret)	(Middle)									Officer below)	(give title		Other (s	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)						,			,		
221 WEST PHILADELPHIA STREET					05/21/2015												
SUITE 60W					4. If Amendment, Date of Original Filed (Month/Day/Year)					6 Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Street)				"			Dutt	or original in	34 (u,, . ou.,	Line		опи отоцр	9 ((0.100.17,100		
YORK	PA	\	17401									X Form fi	led by One	Report	ting Person		
	1.7		17401									Form fi Persor	led by More	e than (One Report	ing	
(City)	(Si	tate)	(Zip)									1 01301					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transact						tion 2A. Deemed 3. 4. Securities Acquired (A)						5. Amou		6. Ownership		. Nature	
Date (Month/Da			ate lonth/Day/\	Pay/Year) Execution Date if any (Month/Day/Yea		e, Transaction			tr. 3, 4 and	Securitie Beneficia			or Indirect Enstr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
						ay/Ye	ar) 8) ´				Owned F Reported				(l) (Ins		
							Code V	Amount	nt (A) or Pri		Transact	ion(s)			Ι,		
					_		_									<u> </u>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of	2. 3. Transaction 3A. Deer			4.		5. Number		6. Date Exercisable and 7.		7. Title an		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	e, Transaction Code (Instr.				Expiration Da (Month/Day/Y		Amount of Securities		Derivative Security	Securities Beneficially		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Montal Buy real)	(Month/Day/Ye	ar) 8)			ities	Underlying			g	(Instr. 5)			Direct (D)	Ownership	
	Derivative Acquired Derivative Se Security Acquired (A) or (Instr. 3 and 4							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)						
					Disposed of (D)							Reported Transaction	nn(s)				
					(Instr. 3, 4 and 5)			str. 3, 4					(Instr. 4)				
									1 A A A								
											Amount or						
								Date	Expiration		Number of						
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares						
Stock Option	\$52.61	05/21/2015		A		6,700		05/02/2016 ⁽¹⁾	05/21/2025	Common Stock	6,700	\$0	6,700		D		
RSU																	
(Restricted Stock	(2)	05/21/2015		A		1,426		(3)	(3)	Common Stock	1,426	\$0	7,061.49	91	D		

Explanation of Responses:

- 1. Stock Options vest in full one year from date of grant.
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of XRAY common stock.
- 3. Restricted Stock Units vest in full one year from date of grant.

Deborah M. Rasin, POA for Willie A. Deese

05/22/2015

** 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.