FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|     | OMB APPROVAL |
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OMB Number: 3235-0287 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

|                                                              |                                                                       |                                            |                                                     |          |                                      |                                                                                    | . ,                                                         |     |                                                                |      |                                              |                                                                                                  |                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                   |                                                                          |                                       |  |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|----------|--------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|----------------------------------------------------------------|------|----------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------|---------------------------------------|--|--|
| 1. Name and Address of Reporting Person* ALFANO MICHAEL C    |                                                                       |                                            |                                                     |          |                                      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                   |                                                                          |                                       |  |  |
|                                                              |                                                                       |                                            |                                                     |          | XR                                   | XRAY ]                                                                             |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r<br>(give title                                                                                             |                                   | 10% Ow<br>Other (s<br>below)                                             |                                       |  |  |
| (Last) (First) (Middle) 221 WEST PHILADELPHIA STREET         |                                                                       |                                            |                                                     |          |                                      | 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2015                        |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                | 20.0.1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                   | 20.011)                                                                  |                                       |  |  |
| SUITE 60W                                                    |                                                                       |                                            |                                                     |          |                                      | If Amendment, Date of Original Filed (Month/Day/Year)                              |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                | 6. Individual or Joint/Group Filing (Check Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                   |                                                                          |                                       |  |  |
| (Street) YORK                                                | PA                                                                    |                                            | 17405                                               |          |                                      |                                                                                    |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   | ine)<br>X                                      | Form fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | led by One                                                                                                   | Repor                             | ting Persor                                                              | l                                     |  |  |
|                                                              |                                                                       | 1                                          | 1/405                                               |          |                                      |                                                                                    |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                | Form filed by More than One Reporting Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                   |                                                                          | ing                                   |  |  |
| (City)                                                       | (S                                                                    | tate)                                      | (Zip)                                               |          |                                      |                                                                                    |                                                             |     |                                                                |      |                                              |                                                                                                  |                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                   |                                                                          |                                       |  |  |
|                                                              |                                                                       | Tak                                        | ole I - Non                                         | -Deriva  | ative                                | e Se                                                                               | curities                                                    | Acc | Juired, D                                                      | Disp | osed of                                      | f, or Be                                                                                         | nefici                            | ally                                           | Owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                   |                                                                          |                                       |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/Date) |                                                                       |                                            |                                                     |          |                                      | ar)   E                                                                            | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |     | Transaction Disposed Code (Instr. 5)                           |      | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 a |                                                                                                  |                                   | 5. Amour<br>Securities<br>Beneficia<br>Owned F | es Formally (D) (in the collowing (in the collow |                                                                                                              | Direct I<br>Indirect E<br>str. 4) | 7. Nature of Indirect Beneficial Ownership                               |                                       |  |  |
|                                                              |                                                                       |                                            |                                                     |          |                                      |                                                                                    |                                                             |     | Code                                                           | v    | Amount                                       | (A) or<br>(D)                                                                                    | Pric                              | e                                              | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                   |                                                                          | Instr. 4)                             |  |  |
|                                                              |                                                                       |                                            | Table II - D                                        |          |                                      |                                                                                    |                                                             |     |                                                                |      | sed of,<br>onvertib                          |                                                                                                  |                                   |                                                | wned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                   |                                                                          |                                       |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/ | ate, Tra | 4.<br>Transactio<br>Code (Inst<br>8) |                                                                                    |                                                             |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |      |                                              | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                   | 5                                              | 3. Price of<br>Derivative<br>Security<br>Instr. 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | y                                 | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|                                                              |                                                                       |                                            |                                                     | Co       | ode                                  | v                                                                                  | (A)                                                         | (D) | Date<br>Exercisabl                                             |      |                                              | Title                                                                                            | Amou<br>or<br>Numb<br>of<br>Share | er                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Instr. 4)                                                                                                   | 11(3)                             |                                                                          |                                       |  |  |
| RSU<br>(Restricted<br>Stock<br>Unit)                         | \$0 <sup>(1)</sup>                                                    | 10/09/2015                                 |                                                     |          | A                                    |                                                                                    | 6.417 <sup>(2)</sup>                                        |     | (3)                                                            |      | (4)                                          | Common<br>Stock                                                                                  | 6.41                              | 7                                              | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4,605.58                                                                                                     | 3                                 | 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>Michael C. Alfano</u>

10/09/2015

\*\* 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.