FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | | |

| l | OMB Number: | 3235-0287 | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| l | Estimated average burden | | | | | | | | | |
| 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 7 | | | | | | | |
|--|--|------------|----------|-----------------------------|---|----|--|--|---------------------|---|---------------------------|--|---|----------------|--|---|--------------------|--------|
| Name and Address of Reporting Person* COLEMAN MICHAEL J | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| COLEMAN MICHAEL J | | | | | [XRAY] | | | | | | | | _ | X Dire | tor | | 10% Ow | /ner |
| (Last) | ast) (First) (Middle) | | | | [Audi] | | | | | | | | | Offic belo | er (give title v) | | Other (s below) | pecify |
| 221 WEST PHILADELPHIA STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | | | |
| WEST BUILDING/DENTSPLY | | | | | 01/10/2012 | | | | | | | | | | | | | |
| WEST DOILDING/DENTSFLT | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | Lin | , | | _ | | |
| YORK | P.A | Λ | 17405 | | | | | | | | | | | | filed by One | | J | |
| | | | | | | | | | | | | | | Forn Pers | i filed by Mor on | re than | One Repor | ting |
| (City) | (St | tate) | (Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Disposed Of (D) (Instr. 3, 4) (S) (S) (S) | | | | ed (A) or tr. 3, 4 and | Secur Benef | cially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | etion(s) and 4) | | | (IIISU. 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) | e of 2. 3. Transaction ative Conversion Date Execution Date, if any | | ate, Tra | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Co | ode , | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| RSU (Restricted Stock Unit) | \$34.99 | 01/10/2012 | | 1 | A | | 6.81 ⁽¹⁾ | | (2) | | (2) | Common Stock | 6.81 | \$34.99 | 4,341.0 | 069 | D | |
| | n of Doonone | | 1 | 1 | | | - | | | | | | | - | | | | • |

- 1. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 2. Not applicable to this transaction.

01/12/2012 Deborah M. Rasin, POA for

** 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.