FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
|--------------|
| |
| |

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* <u>ALFANO MICHAEL C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|---|----------|--------|---|---|--|--|----------|--------------------|--|--|---|--|-----------|--|---------------------------------------|
| | | | | | | | | | | | | | | X Directo | r | | 10% Ow | ner |
| (Last) | (Fi | irst) | (Middle) | - | Auti 1 | | | | | | | | Officer below) | (give title | Other (specify below) | | pecify | |
| 221 WEST PHILADELPHIA STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014 | | | | | | | | | | | | |
| SUITE 60W | | | | | 05 | U3/12/2U14 | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | | | | | Line | , | | _ | 5 | |
| YORK | PA | A | 17405 | | | | | | | | | | | | , | | rting Person | |
| | | | | - | | | | | | | | | Form filed by More than One Reportin Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tak | ole I - Nor | n-Deriv | vativ | e Se | curit | ties Acc | uired. | Disi | posed o | f. or Be | neficial | ly Owned | | | | |
| 1 Title of 9 | Socurity (Inct | | | 2. Trans | | | | eemed | 3. | | 1 | ies Acquire | | 5. Amou | nt of | 6 Ow | nership 7 | . Nature of |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | ear) | Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | Of (D) (Ins | | | s ally | Form: | Direct II | Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | Instr. 4) |
| Common Stock 05/12/ | | | | | 2/201 | /2014 | | М | | 1,136 | - ` ' | \$0 | 8,2 | 8,275 | | D | | |
| | | | Table II - | Deriva | ative | Sec | uritie | es Acai | ired. D | isno | sed of | or Bene | eficially | Owned | | | | |
| | | | | | | | | | | | onvertik | | | O I I I I I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | ransaction Code (Instr. | | umber of vative urities uired (A) visposed D) (Instr. and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | unt (Instr. 4) | | | | |
| RSU (Restricted Stock | \$46.15 | 05/12/2014 | | | М | | | 1,136 ⁽¹⁾ | 05/11/20 | \dashv | (2) | Common Stock | 1,136 | \$0 ⁽²⁾ | 7,462.09 | 95 | D | |

Explanation of Responses:

- 1. Vesting of RSU granted 5/11/2010 (and previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of the grant).
- 2. Not applicable to this transaction.

<u>Deborah M. Rasin, POA for Michael C. Alfano</u>

05/13/2014

** 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.