FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN
Instruction 1(b).	Filed pursuant to Section 16(a) of the

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Rasin Deborah (Last) (First) (Middle) 221 WEST PHILADELPHIA STREET SUITE 60W				<u>D</u>	2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]							<u>E/</u> (Ch	eck all appli Directo V Officer	ationship of Reportin (all applicable) Director Officer (give title below)		on(s) to Iss 10% Ov Other (s below)	ner		
					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2015								· · · · · · · · ·	VP,Secretary & General Counsel					
(Street) YORK (City)	ORK PA 17401				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form t Form t	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Oity)	(0			on-Der	ivativ	- Sec	rurit	tios Ar	quired	Di	sposed o	f or Re	neficial	v Owner	 I				
1. Title of Security (Instr. 3) 2. Trans		2. Trans	action	tion 2A. Deemed Execution Date,		med on Date,	3.		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amou Securiti Benefic Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock			02/20	02/20/2015				М		11,000	A	\$36.18	3 14	998		D			
Common Stock 02/2			02/20	/2015	2015					11,000	D	\$52.472	23 3,	,998		D			
		•	Table II								posed of, convertil			Owned					
Security or E (Instr. 3) Pric	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Stock	\$36.18	02/20/2015			М			11 000	03/29/20)12	03/29/2021	Common	11 000	\$36.18	14 00	$\begin{bmatrix} -1 \\ 0 \end{bmatrix}$	D		

Explanation of Responses:

Deborah M. Rasin

02/23/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).