FORM 4
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287

0.5

Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI	P
obligations may continue. See		
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 Instruction 1(b).   1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 0fficer (give title below) Officer (give title below)   WEST BUILDING/DENTSPLY VEST BUILDING/DENTSPLY Image: Additional Additiona Additional Additional Additiona Additional Ad			Table I - Non	-Derivative Securities Acquired, Disposed of, or Benefi	cially (	Dwned			
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 Instruction 1(b).   1. Name and Address of Reporting Person* ALFANO MICHAEL C 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 0/ficer (give title Other (spectroleter))   07/13/2012 0. Individual or Joint/Group Filing (Check Application) Vertex Application   YORK PA 17405 If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application)	(City)	(State)	(Zip)						
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 Instruction 1(b).   1. Name and Address of Reporting Person* ALFANO MICHAEL C 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 0fficer (give title Other (spectrole))   WEST BUILDING/DENTSPLY 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application)   (Street) X Form filed by One Reporting Person		rA	1/405	]			by More than	One Reporting	
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 Instruction 1(b).   1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer   ALFANO MICHAEL C DENTSPLY INTERNATIONAL INC /DE/[XRAY] 5. Relationship of Reporting Person(s) to Issuer   (Last) (First) (Middle)   221 WEST PHILADELPHIA STREET 0. Date of Earliest Transaction (Month/Day/Year) Officer (give title Delow)   07/13/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica)			17405		1 '	Form filed	by One Repo	orting Person	
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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 Instruction 1(b).   1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   ALFANO MICHAEL C DENTSPLY INTERNATIONAL INC /DE/ [ V. Director 10% Owner	(Last)	(Eirct)	(Middlo)				e title	Other (spec below)	fy
Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934		1 0	Person*	DENTSPLY INTERNATIONAL INC /DE/ [	(Check	all applicable	le)		
obligations may continue. See							hours per res	sponse:	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or Price		Transaction(s) (Instr. 3 and 4)		(1130.4)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	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)		5. Number Derivative Securities Acquired or Dispose of (D) (Ins 4 and 5)	(A) ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
RSU (Restricted Stock Unit)	\$37.81	07/13/2012		A		10.099 <sup>(1)</sup>		07/13/2015 <sup>(2)</sup>	(3)	Common Stock	10.099	\$37.81	6,952.141	D	

Explanation of Responses:

1. Dividend on existing vested or unvested Restricted Stock Units (RSUs) awarded to participant, payable as additional units of phantom stock.

2. Vests in full (restrictions lapse) 3 years from date of grant.

3. Not applicable to this transaction.

Deborah M. Rasin, POA for Michael C. Alfano

07/13/2012

Date

\*\* Signature of Reporting Person

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.