FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|  | OMB APP  | OMB APPROVAL |  |  |
|--|--|--------------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:  | 3235-02      |  |  |
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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(h)                       |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  |   |  |   | -  |             |  | (Instrant and 5 |  | Date   | e I      |                     | oiration                                       |   | OI  | umber                        |   | (Instr. 4)  |   |  |                                       |  |
|--|---|--|---|--|-------------|--|-----------------|--|--|----------|---------------------|--|---|---|------------------------------|---|---|---|--|---------------------------------------|--|
| 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. Deeme<br>Execution<br>if any<br>(Month/Da | Date, T  | Code (Ir    |  |                 |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |          |                     |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |   |                              | 8. Price<br>Derivativ<br>Security<br>(Instr. 5)   | derivativ<br>Securitic<br>Benefici<br>Owned<br>Followir<br>Reporte<br>Transac | ve<br>es<br>ally<br>ig<br>d<br>tion(s)                            | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   | T  | able II -                                     | Derivat<br>(e.g., pu                                     |             |  |                 |  |  |          |                     |  |   |   |                              | Owne  | d   |   |  |                                       |  |
|  |   |  |   |  |             |  |                 |  | Code V   |          | 1                   | Amount   | t (A) or (D)  |   | Price                        |   | rted<br>saction(s)<br>:. 3 and 4)   |   |  | (Instr. 4)                            |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                        |   |  |   | action   | 2<br>ar) if | 2A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year                             |                 | 3. 4. S<br>Transaction Code (Instr. 5) |  |          | 4. Secur<br>Dispose | eurities Acquired (A)<br>sed Of (D) (Instr. 3, |   |   | 5. Ar<br>Secu<br>Bene<br>Own | nount of<br>rities<br>ficially<br>ed Following  | Fori<br>(D)   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |  |
| (City)   | (5)   |  | (Zip)<br><b>le I - Nor</b>                    | n-Deriva   | ative       | Sec  | uritie          | es Ac                                  | auire  | ed. Di   | ispo                | osed o   | of. or E  |   | eficial                      | lv Owr  | ed  |   |  |                                       |  |
| (City)   | (5)   | total                                      | (7in)   |  |             |  |                 |  |  |          |                     |  |   | m filed by M<br>son   | lore tha                     | an One Repo   | orting  |   |  |                                       |  |
| (Street) COCOA BEACH FL 32931  |   |  | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |             |  |                 |  |  |          |                     |  |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |                              |   |   |   |  |                                       |  |
| (Last) (First) (Middle) 2485 S. ATLANTIC AVE. #7                                     |   |  |   | oate of<br>08/20   |             | st Tran  | saction         | า (Mont                                | th/Da  | ay/Year) |                     | Dei  | ow)   |   | Delowy                       |   |   |   |  |                                       |  |
| (Lact) (First) (Middle)  |   |  |   | KRAY   | ]           |  |                 |  |  |          |                     |  |   | _   | cer (give title              | е   | Other (   | specify   |  |                                       |  |
| <ol> <li>Name and Address of Reporting Person*</li> <li>COLEMAN MICHAEL J</li> </ol> |   |  |   |  |             | 2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [ XRAY ] |                 |  |  |          |                     |  |   |   |                              | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   |   |  |                                       |  |

## **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. Not applicable to this transaction

## Remarks:

Brian M. Addison, POA

\*\* Signature of Reporting Person

04/08/2009

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.