FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFICIA	<b>AL OWNERSHIP</b>

1	OIVID APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								

0.5

hours per response:

Ī

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. Name and Address of Reporting Person*  MOSCH JAMES G					2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					XRAY ]							Directo		10% C	-
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET					mun j							X Officer below)	(give title	Other below)	(specify
					3. Date of Earliest Transaction (Month/Day/Year)						Ex	Executive VP & C.O.O.			
				10	1/10/2	2014									
SUITE 60W					If Amendment, Date of Original Filed (Month/Day/Year)					6. In	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						,		· ·	` ,	,	Line	)	·		
YORK	P	A	17401										•	Reporting Person	
											Form fi Person	filed by More than One Repo		orting	
(City)	(S	itate)	(Zip)												
		Та	ble I - Non-D	erivati	ve Se	ecurities	Acc	uired. Dis	posed of	f. or Ben	eficiall	v Owned			
1 Title of S	Security (Inst			Transactio		2A. Deemed		3.	1	ies Acquired		5. Amour	nt of 6	. Ownership	7. Nature of
Date			te	ay/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 5)				D) (Instr. 3, 4 and   S		Securities Form Beneficially (D) of		Indirect Beneficial			
								Owned F	ollowing (i	) (Instr. 4)	Ownership (Instr. 4)				
						Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)		(1110411.4)		
			Table II - De	rivativ	9 Soc	uritiae A	/can	irod Dien	osed of	or Bene	ficially	Owned			
								options,				Ownea			
1. Title of 2. 3. Transaction 3A. Deemed 4.				4.	5. Number of		6. Date Exercisable and 7. Title and Am		d Amount	8. Price of	9. Number of	of 10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date	ate, Transaction Code (Instr.						of Securiti Underlying		Derivative Security	derivative Securities	Ownershi Form:	Beneficial
(Instr. 3)	Price of Derivative	(Month/Day/Year	(ear) 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Derivative Sect (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned Following Reported	Direct (D)		
	Security										,			(I) (Instr. 4	
				$\vdash$	$\Box$	1					Amount	1	Transaction (Instr. 4)	ı(s)	
											or Number		(		
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares				
				Joue	+	· ·	(5)								+
PRSU	(1)	01/10/2014		Α		18.477 <sup>(2)</sup>		(3)	(4)	Common Stock	18.477	\$0	14,308.84	7 D	
RSU															
(Restricted Stock	(1)	01/10/2014		Α		47.205 <sup>(2)</sup>		(3)	(4)	Common Stock	47.205	\$0	36,576.46	6 D	
Unit)				1		1	ll		1	1		1	I		

## Explanation of Responses:

- 1. Shares convert to common stock on a 1:1 basis.
- 2. Dividend on existing vested or unvested Restricted Stock Unit (RSUs) awarded to Reporting Person, payable as additional units of Phantom Stock.
- 3. Dividends vest simultaneously with Restricted Stock Units to which they relate.
- 4. Not applicable to this transaction.

Deborah M. Rasin, POA for James G. Mosch

\*\* Signature of Reporting Person Date

01/14/2014

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

- $^{\star}$  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).

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.