WISE BRET W Form 4 February 15, 2011

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

3235-0287 Number:

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5. Relationship of Reporting Person(s) to

response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

(State)

(Zip)

WISE BRET W Issuer Symbol **DENTSPLY INTERNATIONAL** (Check all applicable) INC /DE/ [XRAY]

2. Issuer Name and Ticker or Trading

(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Officer (give title Other (specify (Month/Day/Year)

below) 221 WEST PHILADELPHIA 02/11/2011 Chairman & C.E.O. STREET, WEST BUILDING/DENTSPLY

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

YORK, PA 17405

(City)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of TransactionAcquired (A) or Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities

(Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Ownership Following (Instr. 4) (Instr. 4)

> Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration	7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)) Date Exercisable	Expiration Date	Title
RSU (Restricted Stock Unit) Granted	(1)	02/11/2011		A	27,905 (2)	02/11/2014(3)	<u>(4)</u>	Common Stock
PRSU	<u>(5)</u>	02/11/2011		A	18,603 (6)	02/11/2014(7)(8)	<u>(9)</u>	Common Stock
Stock Option Grant	\$ 9	02/11/2011		A	189,200	02/11/2014	02/11/2021	Common Stock

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

WISE BRET W 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY YORK, PA 17405

Chairman & C.E.O.

Signatures

Brian M Addison, POA for 02/11/2011

**Signature of Reporting Date
Person

Explanation of Responses:

- * 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).
- (1) Not applicable to this transaction.
- (2) Provided that over the three (3) year vesting period the Company?s aggregate net income, excluding costs in the Restructuring, Impairment and Other Costs Line of the income statement, is positive
- (3) Vests in full (restrictions lapse) 3 years from date of grant.
- (4) Not applicable to this transaction.
- (5) Not applicable to this transaction.
- (6) PRSUs have a one-year performance measurement period and a cumulative three (3) year service/vesting period.
- (7) Not applicable to this transaction.

Reporting Owners 2

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- (8) Vests in full (restrictions lapse) 3 years from date of grant.
- (9) Not applicable to this transaction.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.