## Edgar Filing: DENTSPLY INTERNATIONAL INC /DE/ - Form 4

DENTSPLY INTERNATIONAL INC /DE/ Form 4 February 06, 2013 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 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 \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading JELLISON WILLIAM R Issuer Symbol DENTSPLY INTERNATIONAL (Check all applicable) INC /DE/ [XRAY] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) 221 WEST PHILADELPHIA 02/04/2013 Sr. VP & C.F.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 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of (D) Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Amount (D) Price Code V Common 02/04/2013 \$0 M 6,768 Α 22,972.257 D Stock Common 3,203 D 02/04/2013 F 19.769.257 D (4)42.05Stock

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, 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. Transac Code (Instr. 8	ctionof Se 3) A (A D (I (I	. Number f Derivative ecurities (cquired A) or Disposed of D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code	V (/	A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
RSU (Restricted Stock Unit)	\$ 42.05	02/04/2013		М		6,768 (1)	02/04/2013(3)	(2)	Common Stock	6,768

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JELLISON WILLIAM R 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY YORK, PA 17405			Sr. VP & C.F.O.				
Signatures							
Deborah M. Rasin, POA for William R. Jellison		02/06/20	013				
<u>**</u> Signature of Reporting Person		Date					
<b>Explanation of Respon</b>	ses:						

- \* 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) Vesting of RSU granted on 02/04/2010 (previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of the grant).
- (2) Not applicable to this transaction.
- (3) Vests in full (restrictions lapse) 3 years from the date they are granted.
- (4) Amount withheld for taxes.

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.