#### Edgar Filing: ALFANO MICHAEL C - Form 4

ALFANO MI Form 4	CHAEL C										
April 09, 2009	)										
FORM	Л								PPROVAL		
Washington, D.C. 20549									3235-0287		
Check this box if no longer CTLATED (EDUTE OF CHANCES DUPED) (EDUTED) (EDUTED)								Expires:	January 31, 2005		
subject to Section 16. Form 4 or							WNERSHIP OF	Estimated burden hou response	average urs per		
Form 5 obligations may contin <i>See</i> Instruc 1(b).	ue. Section 17(	a) of the	Public U	Itility Ho		npany Act	nge Act of 1934, t of 1935 or Secti 1940				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> ALFANO MICHAEL C			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			DENTSPLY INTERNATIONAL INC /DE/ [XRAY]				(Check all applicable)				
(Last)	(First) (	· · · · · · · · · · · · · · · · · · ·				X_ Director Officer (giv		% Owner her (specify			
29 WASHIN WEST, APA	(Month/Day/Year) 04/08/2009				below)	below)					
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
NEW YORK	, NY 10011-91	32					Person	More than One K	eporung		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D					(A) or of (D) and 5) (A)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D) Price	(instr. 5 and 4)				
Reminder: Report	rt on a separate line	e for each cl	ass of sec	urities bene	eficially owr	ned directly	or indirectly.				
	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 control number.SEC 1474 (9-02)							SEC 1474 (9-02)			
	Tab				quired, Disj ts, options, c		· Beneficially Owner securities)	đ			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Prie
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof	Expiration Date	Underlying Securities	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	/ (A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Additional RSUs (1)	\$ 27.5	04/08/2009		А	3.29	(2)	(2)	Common Stock	3.29	\$ 2

### **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
ALFANO MICHAEL C 29 WASHINGTON SQUA APARTMENT 5-C NEW YORK, NY 10011-9	Х							
Signatures								
Brian M. Addison, POA	04/09/20	09						
<b>**</b> Signature of Reporting	Date							

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# 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) 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

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.