JELLISON WILLIAM R

Form 4

February 08, 2010

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

3235-0287

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

10% Owner

Estimated average

See Instruction

1(b).

(Last)

(City)

Security

(Instr. 3)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * JELLISON WILLIAM R

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

DENTSPLY INTERNATIONAL

INC /DE/ [XRAY]

(Month/Day/Year) 02/04/2010

4. If Amendment, Date Original

5. Relationship of Reporting Person(s) to

Issuer

Director

(Check all applicable)

221 W. PHILADELPHIA ST

3. Date of Earliest Transaction

Filed(Month/Day/Year)

X_ Officer (give title Other (specify below)

SENIOR VICE PRES. & C.F.O.

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

YORK, PA 17405-0872

(State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

3. Execution Date, if Transaction Disposed of (D) Code (Month/Day/Year) (Instr. 8)

4. Securities Acquired (A) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

7. Nature of Ownership Indirect Form: Beneficial Ownership Direct (D) or Indirect (Instr. 4)

(A) or

Price

32.69

(Instr. 4)

Transaction(s) (Instr. 3 and 4)

Code V Common 02/05/2010 M (3)

Amount (D) 6,350.36

20,685.36 D

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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying Se (Instr. 3 and 4
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Restricted Stock Unit	<u>(1)</u>	02/04/2010		A	6,639	(2)	02/04/2013(2)	02/04/2013	Common Stock
Restricted Stock Unit	(1)	02/05/2010		M		6,350.36	02/05/2010(2)	02/05/2010	Common Stock

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JELLISON WILLIAM R 221 W. PHILADELPHIA ST YORK, PA 17405-0872

SENIOR VICE PRES. & C.F.O.

Signatures

Brian M. O2/08/2010 Addison, POA

**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) Vests in full (restrictions lapse) 3 years from date of grant
- (3) Vesting of RSU granted on 2/5/2007 previously reported on Form 4 along with accumulated dividends reported quarterly on Form 4 since the grant date.

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.

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