SIZE ROBERT J. Form 4

February 15, 2011

## FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

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

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

SIZE ROBERT J.

(Last) (First) (Middle)

221 WEST PHILADELPHIA STREET, WEST

BUILDING/DENTSPLY

(Street)

(State)

(Month/Day/Year)

Filed(Month/Day/Year)

2. Issuer Name and Ticker or Trading

Symbol

**DENTSPLY INTERNATIONAL** INC /DE/ [XRAY]

3. Date of Earliest Transaction

4. If Amendment, Date Original

(Month/Day/Year) 02/11/2011

5. Relationship of Reporting Person(s) to

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

Director 10% Owner

Other (specify Officer (give title below) below)

Senior VP

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

YORK, PA 17405

(City)

Security

(Instr. 3)

1.Title of 2. Transaction Date 2A. Deemed

(Zip)

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

Execution Date, if

(Month/Day/Year)

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

3.

4. Securities TransactionAcquired (A) or

Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

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

Following Reported Transaction(s) (Instr. 3 and 4)

(A)

Code V Amount (D) Price

SEC 1474

Persons who respond to the collection of 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. Transactic 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 Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
RSU (Restricted Stock Unit) Granted	(1)	02/11/2011		A	4,711	02/11/2014(2)	(3)	Common Stock	4,7
PRSU	<u>(4)</u>	02/11/2011		A	3,140 (5)	02/11/2014(6)	<u>(7)</u>	Common Stock	3,1
Stock Option Grant	\$ 9	02/11/2011		A	31,900	02/11/2014	02/11/2021	Common Stock	31,9

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

SIZE ROBERT J. 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY YORK, PA 17405

Senior VP

## **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) Vests in full (restrictions lapse) 3 years from date of grant.
- (3) Not applicable to this transaction.
- (4) Not applicable to this transaction.
- (5) PRSUs have a one-year performance measurement period and a cumulative three (3) year service/vesting period.
- (6) Vests in full (restrictions lapse) 3 years from date of grant.
- (7) Not applicable to this transaction.

Reporting Owners 2

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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.