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

DENTSPLY INTERNATIONAL INC /DE/

Form 4

August 15, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

1(b).

(Print or Type Responses)

may continue.

See Instruction

| 1. Name and Add WARADY T | • | ing Person * | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|-----------------------------|----------|--------------|--|---|--|--|--|
| | | | DENTSPLY INTERNATIONAL INC /DE/ [(XRAY)] | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Director 10% OwnerX_ Officer (give title Other (specify | | | |
| 2247 SPANGLER CIRCLE | | | 08/14/2007 | below) below) VICE PRESIDENT AND CONTROLLER | | | |
| | (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 | | | |
| YORK, PA 17402 | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acc | Acquired, Disposed of, or Beneficially Owned | | | |

| (City) | (State) | Zip) Table | e I - Non-D | erivative (| Secur | ities Acqu | uired, Disposed of | , or Beneficiall | y Owned |
|--------------------------------------|---|---|--|---|----------|--|--|---|---------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 08/14/2007 | | Code V M | Amount 600 | (D) A | Price \$ 8.31 | (Instr. 3 and 4) 600 | D | |
| Common Stock | 08/14/2007 | | M | 5,400 | A | \$ 8.31 | 6,000 | D | |
| Common Stock | 08/14/2007 | | S | 6,000 | D | \$ 37.58 | 0 | 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

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

number.

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. Transacti Code (Instr. 8) | 5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerci Expiration Dat (Month/Day/Y | te | 7. Title and Underlying (Instr. 3 and | Securities |
|---|---|--------------------------------------|---|---------------------------------------|---|--|--------------------|---------------------------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option | \$ 8.31 | 08/14/2007 | | M | 5,400 | 12/10/1999 | 12/10/2008 | Common Stock | 5,400 |
| Stock Option | \$ 8.31 | 08/14/2007 | | M | 600 | 12/10/2000 | 12/10/2008 | Common Stock | 600 |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

Other

WARADY TIMOTHY 2247 SPANGLER CIRCLE YORK, PA 17402

VICE PRESIDENT AND CONTROLLER

Signatures

By: Brian M. Addison, Esquire, POA for

08/15/2007

**Signature of Reporting Person

Date

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).

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.

Reporting Owners 2