Edgar Filing: MILES JOHN C II - Form 4

MILES IOUN CH

MILES JO	HN C II								
Form 4									
July 13, 20	12								
FOR	M 4						PPROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check this box if no longer CTLATER (TEN (TEN) OF CHANCES IN DENERSIGNAL ON NED SHIP OF						Expires:	January 31,		
subject		WNERSHIP OF	Estimated	2005 average					
Section	n 16.		burden ho						
Form 5		A . 61024	response	. 0.5					
	Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								
may co	ontinue. Section 170		• •	· ·		on			
	truction	50(II) of the	Investment Comp	any Act of 1	1940				
1(b).									
(Print or Type	e Responses)								
1 Name and	Address of Reporting	Person [*] 2 I	N	T I	5. Relationship of	of Reporting Per	rson(s) to		
			ler Name and Ticker	or trading	Issuer	n Reporting I en	reporting reison(s) to		
MILES JOHN C II Symbol DENTSPLY INTERNATIONAL									
			DE/ [XRAY]	monte	(Check all applicable)				
(Last)	(First) (Middle) 3. Date	of Earliest Transaction	on	Director 10% Owner Officer (give title Other (specify				
			(Month/Day/Year)			below)	ter (specify		
STREET,	F PHILADELPHIA	A 07/13	2012						
	G/DENTSPLY								
DUILDIN		4 76 4							
			nendment, Date Orig	ınal	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) X Form filed						One Reporting Person			
YORK, PA	A 17405					More than One R			
(City)	(State)	(Zip) Ta	ble I - Non-Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Secu	rities	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)					Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)		ed of (D) 3, 4 and 5)		(D) or Indirect (I)	Beneficial Ownership		
		(Wond) Day Tear	(msu. o) (msu.	5, 4 and 5)		(Instr. 4)	(Instr. 4)		
				(A)	Reported				
				or	Transaction(s)				
			Code V Amoun	nt (D) Price	(Instr. 3 and 4)				
Reminder D	eport on a separate line	e for each class of a	ourities beneficially	wned directly	or indirectly				
Kenninger. K	eport on a separate mit		-	-	spond to the colle	ction of s	SFC 1474		

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.

 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. Transa Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			and Amount of 8. ring Securities D and 4) So (I	
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
RSU (Restricted Stock Unit)	\$ 37.81	07/13/2012		A		8 (1)	07/13/2015(2)	(3)	Common Stock	8	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
MILES JOHN C II 221 WEST PHILADELPHIA STREET WEST BUILDING/DENTSPLY YORK, PA 17405				
Signatures				
Deborah M. Rasin, POA for John C. Miles II		07/13/2012		
<u>**</u> Signature of Reporting Person		Date		
Explanation of Poopon	2001			

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) Vests in full (restrictions lapse) 3 years from date of grant.

(3) 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.