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DENTSPLY INTERNATIONAL INC /DE/ Form 4 February 12, 2014 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MOSCH JAMES G Issuer Symbol DENTSPLY INTERNATIONAL (Check all applicable) INC /DE/ [XRAY] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) 221 WEST PHILADELPHIA 02/11/2014 Executive VP & C.O.O. STREET, SUITE 60W (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line) Filed(Month/Day/Year) _X_ Form filed by One Reporting Person Form filed by More than One Reporting YORK, PA 17401 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 5. Amount of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Form: Direct Indirect (Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount Price (D) Common 02/11/2014 \$0 M 7.813 Α 24,881 D Stock Common 02/11/2014 Μ 4.557 \$0 29,438 D Α Stock Common 4.548 02/11/2014 F D 24,890 D (4) 46.28 Stock

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

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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)

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)	Transactiono Code S (Instr. 8) A (A E (Instr. 8) (A C C C C C C C C C C C C C C C C C C	5. Number of Derivative Securities Acquired A) or Disposed of D) Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (I1
				Code V (.	A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
RSU (Restricted Stock Unit)	\$ 46.28	02/11/2014		М	7,813 (1)	02/11/2014	(2)	Common Stock	7,813	
PRSU	\$ 46.28	02/11/2014		М	4,557 (3)	02/11/2014	(2)	Common Stock	4,557	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MOSCH JAMES G 221 WEST PHILADELPHIA STREET SUITE 60W YORK, PA 17401			Executive VP & C.O.O.				
Signatures							
Deborah M. Rasin, POA for James G. Mosch		02/12/2014	Ļ				

Explanation of Responses:

**Signature of Reporting Person

- 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).
- Vesting of RSU granted on 2/11/2011 (and previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis (1) and also reported on Form 4s since the date of the grant).

Date

- (2) Not applicable to this transaction.
- Vesting of net PRSU granted on 2/11/2011 (and previously reported on Form 4) along with accumulated dividends (issued on a quarterly (3) basis and also reported on Form 4s since the date of the grant).
- (4) Amount withheld for taxes.

Mosch

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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.