#### DENTSPLY INTERNATIONAL INC /DE/

Form 4 April 01, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

**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. Name and Address of Reporting Person \*

WISE BRET W

(Last)

1(b).

(First) (Middle)

221 WEST PHILADELPHIA STREET, SUITE 60W

(State)

(Zip)

2. Transaction Date 2A. Deemed

(Street)

YORK, PA 17401

(City)

1. Title of

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

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

3. Date of Earliest Transaction

(Month/Day/Year) 03/28/2014

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

4. Securities 3. (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

> (Month/Day/Year) (Instr. 8)

Code Disposed of (D)

(Instr. 3, 4 and 5)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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)

1. Title of Derivative

Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date** 

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chairman & C.E.O.

6. Ownership

Form: Direct

(Instr. 4)

6. Individual or Joint/Group Filing(Check

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

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

(D) or Indirect Beneficial

Issuer

below)

Director

Applicable Line)

5. Amount of

Securities

Following

Owned

Beneficially

Officer (give title

Estimated average

burden hours per

7. Title and Amount of Underlying Securities

1

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

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	(Month/Day/Year)		(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Supplemental Executive Retirement Plan (SERP)	<u>(1)</u>	03/28/2014		A	5,212.32 (2)		<u>(1)</u>	(3)	Common Stock	5,212
Supplemental Executive Retirement Plan (SERP)	(1)	03/28/2014		A	203.584 (4)		<u>(1)</u>	(3)	Common Stock	203.5

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

WISE BRET W

221 WEST PHILADELPHIA STREET

Chairman & C.E.O. **SUITE 60W** 

YORK, PA 17401

# **Signatures**

Deborah M. Rasin, POA for Bret W. Wise

04/01/2014

\*\*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).
- (1) Not applicable to this transaction.
- (2) Supplemental Executive Retirement Plan (SERP) allocation for the year 2013; based on closing price on 12/31/2012.
- (3) Value paid in stock following the reporting person's retirement.
- (4) Supplemental Executive Retirement Plan (SERP) dividend for the year 2013; based on 12/31/2013 closing price.

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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