Edgar Filing: DENTSPLY INTERNATIONAL INC /DE/ - Form 3

DENTSPLY INTERNATIONAL INC /DE/

Form 3

February 19, 2016

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

OMB 3235-0104 Number:

OMB APPROVAL

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF 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. Name and Address of Reporting

Person *

McCarthy Justin H II

STREET, SUITE 60W

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

02/19/2016

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

DENTSPLY INTERNATIONAL INC /DE/ [XRAY]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

10% Owner Director Officer Other (give title below) (specify below)

General Counsel & Secretary

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

(Street)

221 WEST PHILADELPHIA

YORK, PAÂ 17401

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership

Form: Direct (D) or Indirect

(I) (Instr. 5) Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration

Date

Title

Amount or Number of Shares

Derivative Security

Direct (D) or Indirect

(I)

Edgar Filing: DENTSPLY INTERNATIONAL INC /DE/ - Form 3

						(Instr. 5)	
RSU (Restricted Stock Unit)	(1)	(2)	Common Stock	2,043	\$ 0	D	Â
Stock Option	12/12/2007(3)	12/12/2016	Common Stock	4,250	\$ 31.36	D	Â
Stock Option	12/10/2008(3)	12/10/2017	Common Stock	3,400	\$ 45.15	D	Â
Stock Option	12/08/2009(3)	12/08/2018	Common Stock	4,700	\$ 25.91	D	Â
Stock Option	12/08/2010(3)	12/08/2019	Common Stock	4,400	\$ 33.86	D	Â
Stock Option	02/11/2012(3)	02/11/2021	Common Stock	2,800	\$ 36.62	D	Â
Stock Option	02/22/2013(3)	02/22/2022	Common Stock	2,600	\$ 38.74	D	Â
Stock Option	02/25/2014(3)	02/25/2023	Common Stock	1,200	\$ 40.86	D	Â
Stock Option	02/24/2015(3)	02/24/2024	Common Stock	1,200	\$ 45.11	D	Â
Stock Option	02/23/2016(3)	02/23/2025	Common Stock	900	\$ 52	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
corporating of the contract of	Director	10% Owner	Officer	Other		
McCarthy Justin H II 221 WEST PHILADELPHIA STREET SUITE 60W YORK Â PA Â 17401	Â	Â	General Counsel & Secretary	Â		

Signatures

Justin H.	02/19/2016		
McCarthy II	02/19/2010		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Vests in full (restrictions lapse) 3 years from date of grant. (780 granted 2/25/2013; 686 granted 2/24/2014; & 577 granted 2/23/2015.)
- (2) Not applicable to this transaction.
- (3) Shares vest in annual one-third (1/3) increments over a three-year period from date of grant.

Reporting Owners 2

Edgar Filing: DENTSPLY INTERNATIONAL INC /DE/ - Form 3

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.