DENTSPLY INTERNATIONAL INC /DE/ Form SC 13G/A November 05, 2010

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

(AMENDMENT NO. 1)*

Dentsply International Inc.

(Name of Issuer)

Common Stock

(Title of Class of Securities)

249030107

(CUSIP Number)

10/31/2010

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

Х	Rule 13d-1(b)
0	Rule 13d-1(c)
0	Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 4 Pages

CUSIP NO. 249030107	130	G	Page 2 of 4 Pages		
1.	NAME OF REPORTING PERS	ONS			
Massachusetts Financial Services Compa	ny ("MFS")				
2. CHECK THE A (SEE INSTRUCTIONS)	PPROPRIATE BOX IF A MEM	BER OF A GROUP			
a) o (b) o					
Not Applicable					
3.	SEC USE ONLY				
4. CITIZ	ENSHIP OR PLACE OF ORGA	NIZATION			
Delaware					
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH:					
5.	SOLE VOTING POWER				
11,753,854 shares of common stock					
6.	SHARED VOTING POWER	R			
None					
7.	SOLE DISPOSITIVE POWE	R			
14,339,382 shares of common stock					
8.	SHARED DISPOSITIVE POW	/ER			
None					
9. AGGREGATE AMOUNT	BENEFICIALLY OWNED BY	EACH REPORTINC	FERSON		
14,339,382 shares of common stock, con non-reporting entities.	sisting of shares beneficially own	ned by MFS and/or co	ertain other		
10.CHECK IF THE AGGREGATE AM INSTRUCTIONS)	OUNT IN ROW (9) EXCLUDES	S CERTAIN SHARE	S (SEE		
Not Applicable					

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0

10.1

12. TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IA

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Schedule	e 13G		Page 3 of 4 Pages			
ITEM 1:		(a)	NAME OF ISSUER:			
See Cov	er Page					
(b)	ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:					
	at Philadelphia S A 17405-0872	Street				
ITEM 2:		(a)	NAME OF PERSON FILING:			
See Item	1 on page 2					
	(b)	ADDRESS OF PRINCIPA	AL BUSINESS OFFICE OR, IF NONE, RESIDENCE:			
-	lston Street MA 02116					
(c)	CITIZENSHI	Р:				
See Item	4 on page 2					
(d)	TITLE OF CI	LASS OF SECURITIES:				
See Cov	er Page					
(e)	CUSIP NUMBER:					
See Cov	er Page					
ITEM 3: Rule 13c	l-1(b)(1)(ii)(E)	The person filing is	s an investment adviser in accordance with			
ITEM 4:			OWNERSHIP:			
(a)	AMOUNT BE	ENEFICIALLY OWNED:				
See Item	9 on page 2					
(b)	PERCENT O	F CLASS:				
See Item	11 on page 2					
	MBER OF SHA LE AND SHAR		H PERSON HAS VOTING AND DISPOSITIVE POWERS			

See Items 5-8 on page 2

ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

0

Not Applicable

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Schedule 13G Page 4 of 4 Pages ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON: Not Applicable ITEM IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON: Not Applicable **ITEM 8:** IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP: Not Applicable NOTICE OF DISSOLUTION OF GROUP: ITEM 9: Not Applicable **CERTIFICATIONS: ITEM 10:**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: November 5, 2010

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD Daniel W. Finegold Vice President and Assistant Secretary