FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235

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l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* Berryman Kevin C							2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Berryman Kevin C</u>						FRAGRANCES INC [IFF]									Direct			10% O	·		
(Local (Final) (Middle)															Office below	r (give title)		Other (s	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									EVP	& Chief F	inan	icial Offic	er		
521 WEST 57TH STREET						02/15/2012															
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)) · · · · · · · · · · · · · · · · · · ·										Line)					
NEW YO	ORK N	Y	10019												X Form filed by One Reporting Person						
-																filed by Mor	e thai	n One Repo	rting		
(City)	(S	tate)	(Zip)												Perso	on					
		Tah	le I - Nor	- Doriv	ativo	. Sa	curitio		cauired	Die	nosod	of or B	onof	iciall	v Owno	d			$\overline{}$		
			ie i - ivoi	1		_			-	פוט	·										
1. Title of Security (Instr. 3) 2. Transa					action	ction 2A. Deer			3. Trans	3. 4. Secur		rities Acqu ed Of (D) (I	iired (<i>l</i> nstr. 3	A) or . 4 and	5. Amo			Ownership rm: Direct	7. Nature of Indirect		
				(Month/I	Day/Yea	ear) if any		Code (Instr. 5)			, (,	Benefic	ially (D)			Beneficial			
							(Month/Day/Ye		ar) 8)						- Reporte				Ownership (Instr. 4)		
									Code	۱v	Amoun	mount (A) or (D)		Price	Transad (Instr. 3						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
									juireu, L S, optioi						Owneu						
1. Title of	2.	3. Transaction	3A. Deeme		4.				6. Date Ex			7. Title a		<u> </u>	8. Price of	9. Number	of	10.	11. Nature		
Derivative	Conversion	Date	Execution	Date, T	Transaction Code (Instr. B)		on of tr. Derivative Securities Acquired		Expiration	Date	Amount of		- 1	Derivative	derivative Securities Beneficially		Ownership Form: Direct (D)				
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da						(Month/Day/Year)			Securitie Underlyii							Security (Instr. 5)		
(1115411 0)	Derivative		(Montanbu	,,,,,,,,					Der				e Seci		(1113111 0)	Owned		or Indirect	(Instr. 4)		
Security							(A) or Disposed		(Instr. 3 and 4)						Following Reported		(I) (Instr. 4)				
							of (D)								Transaction(s)						
							(Instr. 3, 4 and 5)									(Instr. 4)					
							\top						Am	ount							
													or	nber							
				- 1.		ļ.,	, ,	 ,	Date		xpiration		of								
					Code	٧	(A)	(D)	Exercisab	ie D	ate	Title	Sha	res			_				
Stock Equivalent	(1)	02/15/2012	02/16/2	012	A		37		(2)		(2)	Common Stock	3	37	\$55.98	11,761		D			
Unit		1	I	- 1		1	1 1	1				JUCK	1	- 1		1	- 1		I		

Explanation of Responses:

- 1. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 2. Units under the Company's deferred compensation plan resulting from (a) deferral of compensation and Company match (in shares), (b) premium (in shares) to participants deferring compensation into Units and (c) dividends (in shares) on Units. 7 of the acquired Units are subject to vesting based on employment through December 31, 2013.

By: Jodie Simon Friedman, attorney in fact

02/16/2012

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.