Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|-------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Exnires: | December 31 | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Expires: | December 31, 2014 |
|---------------------|----------------------|
| Estimated average b | urden |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* MARTINEZ ARTHUR C | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|---------|----------------------------|--|------|-----|--|--------------------------------------|--------------------|--|----------------|-------------------|---|---|----------------|--|---|--|
| | | | | | | FRAGRANCES INC [IFF] | | | | | | | | 2 | Officer | | | 10% O | · | |
| (Last) | (Fi | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2003 | | | | | | | | | below) | (give title | below | | (specify) | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code | Transaction Disposed Code (Instr. 5) | | | red (| A) or 3, 4 and | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) (D) | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| | 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. Deeme Execution I if any (Month/Day | Date, T | ransaction code (Instr. | | of E | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | umber | | | | | | |
| Options (Right to | 32.39 | 05/14/2003 | | | A | | 1 | | 05/14/200 | 4 ⁽²⁾ | 05/14/2013 | Common | 3 | ,000 | \$0 | 3 ⁽³⁾ | | D | | |

Explanation of Responses:

Buy)(1)

- 1. Stock option granted under Issuer's 2000 Stock Option Plan for Non-Employee Directors.
- $2. \ The \ option \ vests \ in \ three \ equal \ annual \ installments \ beginning \ on \ May \ 14, \ 2004.$
- 3. Covering an aggregate of 9,000 shares of Issuer's Common Stock.

DENNIS M. MEANY, 05/15/2003 Attorney-in-fact

Stock

** 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.