FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL												
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1												

Estimated average burden 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

Name and Address of Reporting Person* Chwat Anne						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Cliwat Allile				FR	FRAGRANCES INC [IFF]									Direct			10% O			
						[[]								X	below	r (give title)		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										, VP, GC, 8	z Coi	,		
521 WEST 57TH STREET				12/	12/15/2015									_	, 1, 00, 0		ipi occ j			
							4. If Amondment, Date of Original Filed (Month/Day/Mass)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
NEW YO	ORK N	Y	10019											X	Form	filed by One	Rep	orting Perso	n	
,															Form filed by More than One Reporting					
(City)	(9)	tate)	(Zip)												Perso	n		•	·	
(City)	(5	tate)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Ins	tr. 3)		2. Transa	action	7	2A. Deer	ned	3.		4. Secu	rities Acqui	red (A)	or	5. Amoi	unt of			7. Nature	
Date (Month/Da					av/Ve:	Execution Date,			r, Transaction Disposed Of (D) (Instr. 3				str. 3, 4	4 and Securiti Benefic					of Indirect Beneficial	
(Monunda							(Month/Day/Yea								Owned	Following (i) (I		nstr. 4)	Ownership	
									Code	V	Amoun	, (A) or _D		ce	Reporte Transac	ction(s)			(Instr. 4)	
									Code	<u> </u>	Aillouin	(D)	F 1.1		(Instr. 3	and 4)				
		Т	able II - I	Derivat	ive S	Secu	ırities	Acq	uired, D	ispo	sed of	, or Ben	eficia	ally C	wned					
												ble sec								
1. Title of	2.	3. Transaction	3A. Deeme Execution	Date,	4. Transaction Code (Instr.				6. Date Ex	6. Date Exercisable a		d 7. Title and		8.	Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Date							Expiration	Date		Amount of			erivative	derivative	- 1	Ownership	of Indirect	
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) or Exercise (Month/Day/Year) lif any (Month/Day/Year) 8)						ınstr.	Securities		(Month/Day/Year) Securities Underlying						curity str. 5)	Securities Beneficially	,	Form: Direct (D)	Beneficial Ownership	
Derivative							Acquired Derivative Secur							ty `		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
Security						(A) or Instr. 3 an						iiu 4)			Reported		(1) (111511. 4)			
							of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)				
						and 5)									(
													Amou	nt						
													or Numb	er						
						ļ.,	1,,,	(D)	Date		piration	T:41-	of							
					Code	٧	(A)	(D)	Exercisab	le D	ate	Title	Share	s			_			
Stock Equivalent	(1)	12/15/2015	12/16/2	015	A		38		(2)		(2)	Common Stock	38		S118.18	7,907		D		

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. 8 of the acquired Units are subject to vesting based on employment through December 31, 2016.

12/17/2015 Nanci Prado, attorney in fact

** 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.