FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB Number:	3235-0287									
	Estimated average burden										
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Sectio obligat	this box if no lo n 16. Form 4 o tions may conti ction 1(b).		iled purs	NT OF CHANGES IN BENEFICIAL OWNERSHIP									OMB Number: 323 Estimated average burden hours per response:				
							on 30(h) of the I			1 7	of 1940						
1. Name and Address of Reporting Person* Williamson Stephen							2. Issuer Name and Ticker or Trading Symbol <u>INTERNATIONAL FLAVORS &</u> <u>FRAGRANCES INC</u> [IFF]							of Reportin able) r (give title	10% O		vner
(Last)(First)(Middle)521 WEST 57TH STREET							3. Date of Earliest Transaction (Month/Day/Year) 05/06/2020								title Other (s below)		specity
(Street) NEW YORK NY 10019							ndment, Date o	d (Month/Da	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(City) (State) (Zip)							Form filed Person								d by More than One Reporting		
		Tal	ble I - Noi	1-Deri	ivative	e Se	curities Aco	quired,	Dis	sposed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear) i	2A. Deemed Execution Date, if any (Month/Day/Year	Code (4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(1150.4)
							urities Acqu s, warrants,						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any ice of erivative (Month/Day/Year)		ed 4. Date, Transa Code (i y/Year) 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 a	of S Ig Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
											1	Amount	1	(Instr. 4)			1

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	(1)	05/06/2020		A		1,047 ⁽²⁾		05/06/2021	05/06/2021	Common Stock	1,047	\$0.0000	1,047	D	
Stock Equivalent Unit	(3)	05/06/2020		A		0.818 ⁽⁴⁾		(5)	(5)	Common Stock	0.818	\$131.31	4,938.888	D	

Explanation of Responses:

1. The Restricted Stock Units ("RSUs") convert to Common Stock on a one-for-one basis.

2. Represent RSUs granted under the Non-Employee Director Compensation Program.

3. The Stock Equivalent Units ("Units") convert to Common Stock on a one-for-one basis.

4. Reflects a fractional share which the Reporting Person elected to defer to the Deferred Compensation Plan in lieu of taking a cash payment.

5. The Stock Equivalent Units become payable upon the reporting person ceasing to serve as a member of the Company's Board of Directors.

/s/ Nanci Prado, attorney in fact 05/08/2020

** 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.