FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHA | NGES IN E | BENEFICIAL | OWNERSHIP |
|-----------|--------|-----------|------------|-----------|

| | OMB APPRO | VAL |
|---|-------------------------|-----------|
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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

| 1. Name and Address of Reporting Person* BROOKS CLINT D | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | neck all app Direct Office | tor er (give title | g Per | 10% Ov | vner | | |
|---|--|--|---|---|--|-----|--|------|---------------|--|-----|----------------|---|--|--|---|---|-----------------------------------|--|--|
| (Last) (First) (Middle) INTERNATIONAL FLAVORS & FRAGRANCES INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2003 | | | | | | | | | | Senior Vice President | | | | | | |
| 521 WEST 57TH ST | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 10/16/2003 | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | 10/ | 10/2 | 005 | | | | | | | | | X Form filed by One Reporting Person | | | | n | |
| NEW YORK NY 10019 | | | | | | | | | | | | | | | Form Pers | i filed by Mor on | e thai | n One Repo | rting | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date | | | e, Transaction Dispos Code (Instr. 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefi Owned | ies For cially (D) Following (I) (| | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | c | Code | Amount | | (/ | A) or D) | Price | | saction(s) r. 3 and 4) | | | (Instr. 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. Deemed Execution Da if any (Month/Day/ | ate, T | Code (Inst | | | | Expir | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Ow For Dir or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | code | v | (A) | (D) | Date Exerc | cisable | Exi | piration te | Title | 0 0 | amount or lumber of Shares | | | | | |
| Stock Equivalent Unit | (1) | 10/15/2003 | 10/16/200 | 03 | A | | 62 | | (| (2) | | (2) | Commo | | 62 | \$34.69 | 805 | | 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. 13 of the acquired Units are subject to vesting based on employment through December 31, 2004.

Dennis M. Meany, Attorney-in10/31/2003 <u>fact</u>

** Signature of Reporting Person

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.