FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL |
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OMB Number: 3235-0287 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).

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

| 1. Name and Address of Reporting Person* <u>Howell Henry W Jr</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | ner | |
|---|--|--|--|---|--|--|--------|--|-------------------------|--|--|--|---|---|-----------------|---------------------------------------|
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2016 | | | | | | | Officer below) | (give title | | her (sp low) | pecify | |
| (Street) NEW YORK NY 10019 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ole I - Non- | Deriva | tive Se | curitie | es Acq | uired, Di | sposed | of, or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | Execution Date, | | 3. 4. Securities Acq Disposed Of (D) 5 5) 8) | | rities Acquire ed Of (D) (Inst | d (A) or r. 3, 4 and | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amoun | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (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 Dat if any (Month/Day/Ye | Cod | nsaction de (Instr. | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an | f s g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | Owner Form Direct or Ind (I) (In | t (D) lirect | Beneficial Ownership (Instr. 4) |
| | | | | Cod | de V | (A) | (D) | Date Exercisable | Expiration Date | ı Title | Amount or Number of Shares | | (Instr. 4) | лі(э) | | |
| Restricted Stock Units | (1) | 04/30/2016 | | D | | | 1,295 | 04/30/2016 | 04/30/201 | 6 Common Stock | 1,295 | \$0.0000 | 0.0000 |)] |) | |
| Stock Equivalent | (2) | 04/30/2016 | | A | | 1,295 | | (3) | (3) | Common Stock | 1,295 | \$0.0000 | 41,176 | 5 1 |) | |

Explanation of Responses:

- 1. The Restricted Stock Units convert to Common Stock on a one-for-one basis.
- 2. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 3. The reporting person is receiving 1,295 Units resulting from the deferral of 1,295 RSUs granted under the Non-Employee Director Compensation Program which vested on April 30, 2016. The Units are being deferred until retirement or other termination of directorship. The Units are payable in Common Stock at the end of the deferral.

05/02/2016 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.