FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average by	ırdon								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		ll l	Estimated average burden hours per response: 0.5											
		,		<u>'</u>										
	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)													
		Director	10% Owner											
	X	Officer (give title below)	Other (speci below)	ecify										
	Senior VP Human Resources													
6. Individual or Joint/Group Filing (Check Applicable Line)														
	X Form filed by One Reporting Person													
		Form filed by More Person	e than One Reporting											

HEASLIP STEVEN J (Last) (First) (Middle) 521 WEST 57TH STREET					FF	INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF]									ck all applicable) Director Officer (give title below)		10% Owner Other (spec below)		wner
						3. Date of Earliest Transaction (Month/Day/Year) 09/13/2007									Senior VP Human Resources				S
(Street) NEW YORK NY 10019				- 4. II	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						
(City) (State) (Zip)					-									21	Form filed by More than One Reporting Person				
			le I - Nor	n-Deriv	vative	Sec	curitie	es Ac	quired,	Dis	posed	of, or B	enefic	ially	Owne	d			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			4 and Securi Benefi		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	ount (A) or Pi		:e	Transac	Transaction(s) (Instr. 3 and 4)			(111311.4)	
		Т	able II - I)						uired, D s, option						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of E		6. Date Exe Expiration (Month/Day	Date	Amount of		of S g e Securit	De Se (In:	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direc or Inc (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		piration te	Title	Amour or Number of Shares	r					
Stock Equivalent Unit	\$0 ⁽¹⁾	09/13/2007	09/14/20	007	7 A		35		(2)		(2)	Common Stock	35	\$	48.35	1,468		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. 7 of the acquired Units are subject to vesting based on employment through December 31, 2008.

Remarks:

By: Joseph F. Leightner, 09/14/2007 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.