FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
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

											<u> </u>										
Name and Address of Reporting Person*  EODD DETLI							2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FORD BETH							FRAGRANCES INC [ IFF ]									tor		10% O	vner		
							FRAGRANCES INC [ IFF ]									er (give title v)		Other (sbelow)	specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									EVP, Sur	oply	Chain			
521 WEST 57TH STREET						08/12/2010										, 1	1 3				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)							
NEW YORK NY 10019														X Form filed by One Reporting Person							
															Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non	-Deriv	ative	Se	curitie	es Ad	cquired,	Dis	posed	of, or B	ene	ficial	ly Owne	d					
1. Title of	action		2A. Deer		3.		4. Secu	rities Acqu	ıired (	A) or	5. Amo				7. Nature						
				Date (Month/D	Dav/Yea		Execution Date		e, Transaction Dispose Code (Instr. 5)			ed Of (D) (I	nstr. 3	3, 4 and	I Securit Benefic				of Indirect Beneficial		
				(			(Month/Day/Yea									d Following (i)		(Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amoun	(A)	or	Price	Transa	action(s)			(111501.4)		
												(D)			(Instr. 3	and 4)					
		Т	able II - I												Owned						
			(	e.g., pı	uts, c	calls	s, war	rants	s, optior	ıs, c	onvert	ble sec	urit	ies)							
1. Title of	2.	3. Transaction	3A. Deeme		<u>l</u> .		5. Number		6. Date Exercisa Expiration Date		ble and	7. Title and			8. Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	·   (	Transa Code (I		. Derivative		(Month/Da		r) Securities				Derivative Security	derivative Securities		Ownership Form:	Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day	//Year) 8	В)		Securities Acquired		Underlying Derivative S					urity	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect			
	Security							(A) or		(Instr. 3 and 4)						Following		(I) (Instr. 4)	(		
								Disposed of (D) (Instr. 3, 4 and 5)								Reported Transaction(s)					
																(Instr. 4)					
							$\vdash$						Am	ount							
													or	mber							
									Date		xpiration	<u> </u>	of								
					Code	٧	(A)	(D)	Exercisab	e D	ate	Title	Sha	ares			_				
Stock Equivalent Unit	(1)	08/12/2010	08/13/20	010	A		85		(2)		(2)	Common Stock		85	\$45.82	4,235		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. 17 of the acquired Units are subject to vesting based on employment through December 31, 2011.

## Remarks:

By: Joseph F. Leightner, attorney in fact 08/13/2010

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.