FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

Name and Address of Reporting Person* Chwat Anne						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Cliwat Aille				FR	RAC	RAN	ICE.	S INC [IFF	1				Direct			10% O			
						FRAGRANCES INC [IFF]									X Office below	er (give title v)		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									E	VP, GC, 8	ι Co	rp. Sec'y		
521 WEST 57TH STREET				09/	09/29/2017															
,						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line	,		_			
NEW Y	ORK N	Y :	10019													filed by One		-		
															Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	า-Deriv	ative	Se	curitie	es Ac	cquired,	Dis	posed	of, or B	ene	ficial	ly Owne	d				
1. Title of	Security (Ins	tr. 3)		2. Transa	action		2A. Deer	ned	3.		4. Secu	rities Acqu	ired (A) or	5. Amo	unt of	6. O	wnership	7. Nature	
				Date (Month/I) Jav/Ve:	Execution D				Transaction Disposed Of (D) (III			nstr. 3	3, 4 and	I Securities Beneficially				of Indirect Beneficial	
(MOILLI)						(Month/D									Owned	l Following (ì) ((Instr. 4)	Ownership	
									Code	v	Amount	t (A) or		Price	Reporte Transa	ction(s)		(Instr. 4)		
											7	(D)			(Instr. 3	and 4)				
		Т	able II - I												Owned					
				(e.g., p	uts, c	calls	s, war	rants	s, option	s, c	onverti	ible sec	urit	ies)						
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Numbe		6. Date Exercisable Expiration Date		ble and	7. Title and			8. Price of	9. Number o	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any			ansaction ode (Instr.				Date //Yea:	•)	Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/					В)			Securities		s Cur					(Instr. 5)	Beneficially		Direct (D)	Ownership	
			Acquired Derivative Securit (Instr. 3 and 4)					urity		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)							
							Disposed of (D)								Reported Transaction	n(a)				
							(Instr. 3, 4									(Instr. 4)				
				F			and 5)					 								
													Am	ount						
									Date		piration		Nu	mber						
					Code	v	(A)	(D)	Exercisabl		ate	Title		ares						
Stock Equivalent Unit	(1)	09/29/2017	10/02/2	017	A		43		(2)		(2)	Common Stock	4	43	\$142.91	9,838		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. 9 of the acquired Units are subject to vesting based on employment through December 31, 2018.

Nanci Prado, attorney in fact 10/03/2017

** 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.