FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| | |

OMB APPROVAL 3235-0287 OMB Number:

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| | | | | | or Sec | tion 30(h |) of the | e Investme | nt Cor | npany Ac | t of 194 | 40 | | | | | | |
|--|--|--------------------------|---|--|-------------------------|---|---|---------------------------------------|--------|---|--|-------|---|---|--------------|---|---|---------|
| 1. Name and Address of Reporting Person* TANSKY BURTON M | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | Relationship heck all appl X Direct | icable) or | ıg Per | rson(s) to Is 10% O Other (| wner | |
| (Last) | (Last) (First) (Middle) | | | | | | | | | | | | | Officer (give title below) | | | below) | specify |
| INTERNATIONAL FLAVORS & FRAGRANCES, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2004 | | | | | | | | | | | | | | |
| 521 WEST 57TH STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | , | filed by One | e Rep | orting Perso | on |
| NEW YO | ORK N | Y : | 10019 | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (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/Date) | | | | Exect Day/Year) if an | | med on Date Day/Ye | , Transaction Disposed Of Code (Instr. 5) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | Benefic Owned | ies For cially (D) Following (I) (| | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | t | (A) or (D) | Price | Reporte Transac (Instr. 3 | ction(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 | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, T | ransactio Code (Inst | on of r. Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Ex Expiration (Month/Da | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | 0 | mount r lumber | | | | | |

Date Exercisable

(2)

Expiration Date

(2)

Explanation of Responses:

(1)

Stock

Units

Equivalent

1. Stock Units ("Units") convert to Common Stock on a one-for-one basis.

09/09/2004

2. Units under the Company's deferred compensation plan resulting from deferral of meeting fees. The Units are payable in Common Stock upon retirement or other termination of directorship.

(A) (D)

32

Dennis M. Meany, Attorney-in-<u>fact</u>

** Signature of Reporting Person

of Shares

32

Common

Date

\$38.8

1,394

D

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

09/10/2004

- * 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.