FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB A | PPROVAL |
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| OMB Number: | 3235-028 |

87 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* MEANY DENNIS M | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | (Che | ck all appli Direct | - | g Pers | 10% Ov |) to Issuer 0% Owner Other (specify |
|---|--|------------|-----------------------------|---|--|--|---|--|---------------------|-------------------------------|--|-----------------|--|--|--|-----------------------------------|--|--|---|
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2010 | | | | | | | | | X | below | | unse | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Street) NEW YO | ORK N | Y | 10019 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | • | (Zip) e - Non-[| Dorivat | tivo S | Sociu | ritio | S A 6 | auirod | Dici | ancod . | of or D | nofi | oially | ν Οννησι | | | | |
| | | Idu | ie i - Noii-i | Denva | live 3 | Secu | iiiiie | 5 AL | quireu, | ופוט | JUSEU | UI, UI B | enen | Ciali | y Owner | J. | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date | | | e, Transaction Dispose Code (Instr. 5) | | | rities Acqui ed Of (D) (In | | | 5. Amou Securiti Benefic Owned Reporte | ies Form cially (D) (Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | t (A) or Pr | | rice | Transac (Instr. 3 | ction(s) | | | ` , | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| | | | | ansaction of ode (Instr. Derivative | | | ative ities red sed 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | [5 (| 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | . (| (A) | (D) | Date Exercisable | | opiration ate | Title | Amou or Numl of Share | ber | | | | | |
| Stock Equivalent | (1) | 06/15/2010 | 06/16/2010 | 0 A | A | | 46 | | (2) | | (2) | Common Stock | 46 | 5 | \$46.57 | 22,918 | | 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, 2011.

Remarks:

By: Joseph F. Leightner, 06/16/2010 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.