FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

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).

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* MIRZAYANTZ NICOLAS (Last) (First) (Middle) 521 WEST 57TH STREET					1N FR 3. D	Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] Just of Earliest Transaction (Month/Day/Year) 03/15/2012								5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Group President Fragrance					vner	
(Street) NEW YORK NY 10019 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 3.															7. Nature					
Date					ay/Yeaı	r) if a	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.) 8)		Disposed Of (D) (Instr. 3, 4			Benefic Owned		ially Following		Indirect	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	T		ed ction(s) and 4)			(Instr. 4)	
Common Stock 03/15/2					/2012	012			A		7,938	(1) A	\$0.0	000	00 85,730			D		
Common Stock 03/15/2					2012				F		3,2010	(2) D	\$30).6	82,529			D		
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	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of l		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amount or Number of Shares							
Stock Equivalent Unit	(3)	03/15/2012	03/16/2	2012	A		174		(4)		(4)	Common Stock	174	\$57	22	646		D		

Explanation of Responses:

- 1. These shares represent the 50% portion of the reporting person's payout under the 2009-2011 Long Term Incentive Plan ("LTIP") cycle settled in shares of the Issuer's common stock. The number of shares was determined using the closing market price on January 2, 2009, the first trading day of the cycle.
- 2. Shares withheld to satisfy tax withholding obligations in connection with the receipt of shares under the LTIP, determined using the closing market price on January 2, 2009.
- 3. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 4. 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. 35 of the acquired Units are subject to vesting based on employment through December 31, 2013

By: Jodie Simon Friedman, attorney in fact

03/16/2012

** 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.