FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | 31. 00() | , 0 | , investmen | | | . 0. 20 .0 | | | | | | | |
|---|--|--|---|---|--|-------|-------------------------|----------------------------------|---|---|---|-----------------|------------------------------------|---|---|--|---|---|--|
| 1. Name and Address of Reporting Person* HEASLIP STEVEN J | | | | IN | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | (Che | ck all appl Direct Office | ctor er (give title | | 10% Ov | wner | |
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2009 | | | | | | | | | X below) Senior VP Human Resources | | | | | | |
| (Street) NEW YORK NY 10019 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tah | lo I. Non | Doriv | ativo | S 6 0 | ouritie | ος Λ <i>ι</i> | auirod | Dic | nocod . | of or P | onof | cially | , Owno | ۸ | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date | | 3. Transa Code (I | 4. Secu Dispose (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | |) or | 5. Amor Securiti | unt of ites (D) (I) (Following ed ction(s) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, | 4. Transacti Code (Ins | | | | 6. Date Exe Expiration (Month/Day | | d 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amo or Num of Shar | ber | | | | | |
| Stock Equivalent Unit | \$0 ⁽¹⁾ | 03/30/2009 | 03/31/20 | 009 | A | | 49 | | (2) | | (2) | Common Stock | 4 | 9 | \$30.12 | 4,316 | | 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. 10 of the acquired Units are subject to vesting based on employment through December 31, 2010.

Remarks:

By: Dennis Meany, attorney in 63/31/2009

** 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.