FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - | hours per response. | 0.5 | | | | | | | |

| obligations may continue. See Instruction 1(b). | | | | | | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | hours | s per re | esponse: | 0.5 |
|---|---|------------------|---|--|--|---|-------|---|---|--|---|-------------------------------|---|--|--|--|--|----------|------------|
| Name and Address of Reporting Person* O'Leary Richard | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | neck all app Direct | licable) | | | on(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2014 | | | | | | | | Controller | | | | | | | | |
| (Street) NEW YORK NY 10019 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv. Line) X | | | | | | | | e) X Form Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | -Deriva | ative S | ecurit | ies A | cqui | ired, D | isp | osed (| of, or | Ben | eficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | e, | Transaction Disposed Code (Instr. 5) | | | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | d Securit Benefic Owned | neficially ned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | • | Code | , | Amount | t (A) or Price | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| | | Т | able II - I (| Derivat e.g., pu | | | | | , | • | | , | | , | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | ransaction of | | Expi | eate Exerc piration Da onth/Day/\ | | 7. Title Amour Securit Underl Derivat (Instr. 3 | nt of ties ying tive Se 3 and | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | 1 | | | | 1 | 1 | | 1 | | I | ١^ | mount | ı | 1 | | | 1 | | |

Explanation of Responses:

(1)

Stock

Equivalent

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

03/27/2014

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. 2 of the acquired Units are subject to vesting based on employment through December 31, 2015.

Exercisable

(2)

Expiration

(2)

Date

Title

Common

Stock

03/31/2014 Nanci Prado, attorney in fact

\$93.2

844

D

** Signature of Reporting Person Date

Number

of Shares

10

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

03/28/2014

- * 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).

Code ٧ (A) (D)

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.