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 b | urden | | | | | | | | |

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

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|---|---|--|--|---------------------|---|--|--------|----------|--|-------------------|-------------|--|--|-----|--|--|-----|--|---|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* WETMORE DOUGLAS J | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications) | | | | | | |
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/12/2006 | | | | | | | | | | | Senior VP & CFO | | | | | | |
| (Street) NEW YORK NY 10019 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | ` | | le I - Non- | Deriva | tive | Sec | uritie | es Ac | cauire | d. D | isp | osed (| of. or | Ben | eficial | lv O | wne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Day/Year) Execution Date, if any (Month/Day/Year | | | | ar) 3. Tra Co 8) | nsacti de (Ins | ion str. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) Amount (A) or (D) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Т | able II - D (e | erivati e.g., pu | | | | | | | | | | | | Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, Tr | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Prio Deriva Secur (Instr. | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | V | (A) | (D) | Date Exercis | sable | Exp Dat | oiration e | Title | 0 0 | Amount or Jumber of Shares | er | | | | | | |
| Stock | ¢0 ⁽¹⁾ | 10/12/2006 | 10/13/200 | 06 | Δ | | 77 | | (2) | | | (2) | Commo | on | 77 | \$40 | 78 | 23 798 | | 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. 15 of the acquired Units are subject to vesting based on employment through December 31, 2007.

Remarks:

By: Dennis Meany, attorney in fact 10/13/2006

** 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.