FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

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 S | Section | on 30(h |) of the | Inve | estment | Com | npany Ac | t of 19 | 940 | | | | | | |
|---|---|--|--|---|---|----------------|---------|---------------------------------|--|-----------|---|----------|---|---|---|---|--------------------------------------|---|--|--|
| 1. Name and Address of Reporting Person* O'Leary Richard | | | | IN | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & EDACRANCES INC. [JEE] | | | | | | | | | | Relationshi heck all app Dired | , | ng Pei | rson(s) to Is: | | |
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | FRAGRANCES INC [IFF] 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2014 | | | | | | | | | | _ | | Officer (give title below) Control | | Other (specify below) | | |
| 521 WES | ST 5/TH S | TREET | | | | | | t, Date | of O | riginal F | iled | (Month/E | Day/Ye | ear) | 6. 1 | Individual o | r Joint/Grou | p Filin | g (Check Ar | oplicable |
| (Street) NEW YO | ORK N | Y | 10019 | | | | | | | | | Lin | X Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | | (Zip) le I - Non | -Deriva | ative | Sec | curitio | es Ac | aui | ired. F | — Disr | osed (| of. o | or Bene | eficia | lly Own | -d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | ection | ar) i | 2A. Dee Execution f any Month/I | med on Date | ar) | 3. Transac Code (In 8) | 4. Secu | | urities Acquired (A) ed Of (D) (Instr. 3, | | (A) or | 5. Amo Securi Benefi Owned Repor Transa | unt of 6. 0 ies For (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Т | able II - [| Derivati e.g., pu | | | | | | | | | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | mount | 8. Price of Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | | v | (4) | | Date | e | Ex | piration | | of | umber | | | | | |

Explanation of Responses:

(1)

Stock

Equivalent

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

05/29/2014

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.

(2)

Nanci Prado, attorney in fact 05/30/2014

\$98.95

883

D

** Signature of Reporting Person Date

9

Common

Stock

(2)

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

05/30/2014

- * 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).

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.