FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

Name and Address of Reporting Person*  EODD DETLI						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FORD BETH						FRAGRANCES INC [ IFF ]									Direc	or		10% O	wner	
							FIGURANCES INC [ IFF ]									r (give title ')		Other (s	specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									EVP, Sup	ply	Chain		
521 WEST 57TH STREET						07/14/2011											1 3			
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)					
NEW YORK NY 10019														X Form filed by One Reporting Person						
																Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)	action		2A. Deer		3.		4. Secu	curities Acquired (A)			5. Amo				7. Nature			
				Date (Month/E	Dav/Yea		Execution Date if any		e, Transa Code (			posed Of (D) (Instr. 3,			Securit Benefic	icially (D) d Following (I) (I		or Indirect (Instr. 4)	of Indirect Beneficial Ownership	
				(	,	(Month/Day/Yo		Day/Ye		(					Owned					
									Code	v	Amount	(A)	or Price		Transa	Reported Transaction(s)			(Instr. 4)	
												ount (D)			(Instr. 3 and 4)					
		Т	able II - I												Owned					
			(	e.g., pı	uts, c	calls	s, war	rants	s, option	s, c	onverti	ible sec	uriti	ies)						
1. Title of	2.	3. Transaction	3A. Deeme	Date, Tr	1. Transaction Code (Instr. 3)				6. Date Exercis		ble and	7. Title and			8. Price of	9. Number		10. Ownership Form:	11. Nature of Indirect Beneficial	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any						Expiration (Month/Day		.)	Amount of Securities			Derivative Security	derivative Securities				
(Instr. 3)	Price of		(Month/Day						(	Underlyii	ng		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership			
	Derivative Security							(A) or		Derivative Secu (Instr. 3 and 4)				urity		Following		(I) (Instr. 4)	(Instr. 4)	
								Disposed of (D)								Reported Transaction(s)		1		
					. 3, 4								(Instr. 4)							
				F				i)												
													Am	ount						
									Date		piration		Nui	nber						
				- 0	Code	V	(A)	(D)	Exercisabl		ate	Title		ares						
Stock Equivalent Unit	(1)	07/14/2011	07/15/2	011	A		62		(2)		(2)	Common Stock		52	\$63.45	9,410		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. 12 of the acquired Units are subject to vesting based on employment through December 31, 2012.

By: Jodie Simon Friedman, attorney in fact

07/15/2011

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.