## 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 burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Cantlon Angelica T.						INTERNATIONAL FLAVORS & FRAGRANCES INC [ IFF ]								(Check	Direct Office	er (give title		(specify
(Last) (First) (Middle) 521 WEST 57TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2014								Λ	belov	,	below an Resources	)
(Street) NEW YORK NY 10019 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson		
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or E	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)					and 5)   Securit		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) (D)	or Pric	:e	Transa	action(s) 3 and 4)		(11150.4)	
Common Stock 05/13/2					2014	014		A		5,499(1)	) A	\$0	\$0.0000		4,399	D		
		Та									osed of, onvertib				wned			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	ate Executio		4. Transa Code (I 8)	Iction of Der Sec (A) Dis of (		osed . 3, 4	6. Date Exerc Expiration D (Month/Day/\)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		t			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## Explanation of Responses:

1. Represents matching grant of restricted shares under the Equity Choice Program, all of which will vest on April 13, 2017.

Nanci Prado, attorney in fact 05/15/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.