FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden 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

								, 0			прапу до									
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MIRZAYANTZ NICOLAS						FRAGRANCES INC [ IFF ]									Direct	or		10% O	vner	
(Lan) (Einn) (Middle)						FRAGRANCES INC [ IFF ]									X Office below	r (give title )		Other (specify below)		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Gr	Group President Fragrance				
521 WEST 57TH STREET						12/15/2016										_		_		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW YORK NY 10019															X Form	Form filed by One Reporting Person				
																Form filed by More than One Reporting Person				
(City)	(5	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed	of, or B	ene	ficial	ly Owne	d				
1. Title of 9	Security (Ins	tr. 3)		2. Transa	ction							ties Acqui			5. Amo				7. Nature	
Date (Month/Da					ay/Yea	Execution I y/Year) if any			Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4			, 4 and	5)   Securit			rm: Direct ) or Indirect	of Indirect Beneficial	
						(Month/Day/Yea			8)						Owned Report			(Instr. 4)	Ownership (Instr. 4)	
									Code	Code V		(A) or Pri		Price	Transaction(s)				(	
	0. 1	/0.04.6	016			S <sup>(1)</sup>		2.04	1.7		<b>h</b> 110	<del>-  `</del>	<u>'</u>		_					
Common Stock 12/15/2							.016				2,945 D \$		\$118.4	8 54,126			D			
		Т	able II -	Deriva	tive S	Secu	rities	Acqu	uired, D	isp	osed of	, or Ber	nefic	cially	Owned					
				(e.g., p	uts, c	calls	, war	rants,	, option	s, c	onverti	ble sec	urit	ies) ์						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	Date, Transac Code (II				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   C	Do. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu of	nount mber ares						
Stock Equivalent Unit	(2)	12/15/2016	12/16/	2016	A		6		(3)		(3)	Common Stock		6	\$120.17	1,773		D		

## **Explanation of Responses:**

- $1. \ The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting officer on August 15, 2016.$
- 2. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 3. 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. 1 of the acquired Units is subject to vesting based on employment through December 31, 2017.

Nanci Prado, attorney in fact 12/19/2016

\*\* 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.