FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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]									Direct			10% O\		
-															Office below	r (give title)		Other (s	specify	
(Last) (First) (Middle)					3. 0	3. Date of Earliest Transaction (Month/Day/Year)									50.011	EVP, Sup	nlv	,		
521 WEST 57TH STREET				02/	02/15/2011										LVI, Sup	pry	Cham			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	ORK N	V	10019											Line)		filed by One	Don	orting Porce	,	
NEW YO	JKK N	Y .	10019											^		-		-		
(City)	(S	tate)	(Zip)												Perso	filed by Mor n	e tna	п Опе керс	orting	
		Tah	le I - Nor	n-Deriv	ative	Se.	curitie		rauired	Die	nosed	of or B	enefi	cially	v Owne	d				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac					action	ction 2A. Dee				3. 4. Securi									7. Nature of Indirect	
(Month/Da										Code (Instr. 5)			,	Benefic					Beneficial Ownership	
						- 1	(WOIIII/Day/Tea		ai', ³⁾						Reporte	ed ()		111501.4)	(Instr. 4)	
									Code	۱v	Amount	t (A) or P		rice	Transac (Instr. 3					
		т	able II - I	Derivat	ive S	Secu	ırities	Aco	uired. D	ispo	sed of	. or Ber	efici	ally (Owned	<u> </u>		•		
		-							s, optior											
1. Title of	2.	3. Transaction	3A. Deeme Execution if any	Date,	4. Transaction Code (Instr		5. Nu	mber	6. Date Exercisa		ble and	7. Title and		[3. Price of	9. Number of	of	10.	11. Nature	
Derivative Security	Conversion	Date (Month/Day/Year)							Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security	derivative Securities	Owners Form:	Ownership	ip of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year)					Coue (1 8)	msu.	Securities		Underlying					- 10	Instr. 5)	Beneficially	ly Direct (D)	Direct (D)	Ownership	
Derivative Security							Acquired (A) or					Derivative (Instr. 3 a		rity		Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)	
							Dispo	osed	(1130. 3 and 4)									(1) (111341. 4)		
							of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)				
							and 5)									(
				Γ						\top			Amo	ount						
													or Num	ber						
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Shar							
Stock Equivalent	(1)	02/15/2011	02/16/2	011	A		37		(2)		(2)	Common Stock	3'	7	\$55.87	5,142		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. 7 of the acquired Units are subject to vesting based on employment through December 31, 2012.

By: Jodie Simon Friedman, attorney in fact

02/16/2011

** 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.