FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington,	D.C.	2054

OMB APPI	ROVAL
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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* Vaisman Hernan					2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ValSilla	п нетап	•									_		Dire	ctor		10% Ov	vner
					FRAGRANCES INC [IFF]							_	X Office below	er (give title w)		Other (s below)	specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								(Group Presi	ident.	Flavors	
521 WEST 57TH STREET				09	09/15/2010									oroup rress	eciic,	114,010	
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street)													ne)				
NEW YO	ORK N	Y :	10019											n filed by One		Ü	
(Cit.)	(6)	tota)	(7in)										Form filed by More than One Reporting Person				rting
(City)	(51	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Inst	tr. 3)	2. 1	Transaction		2A. Deer		3.	4	4. Secur	rities Acqui	red (A) or	5. Am	ount of			7. Nature
Date			ite onth/Day/Y		Execution f any	on Date		Transaction Disposed Of (D) (Instr. 3, 4)			str. 3, 4 a	nd Secur Benef				of Indirect Beneficial	
(MC				OntinDayin		Month/Day/Year)						Owne	Following (i) (II		nstr. 4)	Ownership	
								a . I.			. (A) c	r Price	Trans	Reported Transaction(s)			(Instr. 4)
							Code	V /	Amount	mount (D) F		(Instr.	3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
								s, options					,				
1. Title of 2. 3. Transaction 3A. Deemed				4.			mber	6. Date Exercisable and 7. Title and			8. Price of			10.	11. Nature		
				Transaction of Code (Instr. Deri			Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Ye					(Securities		Underlying			g	(Instr. 5)	Beneficiall	у 🛭	Direct (D)	Ownership	
	Derivative Acquired Security (A) or								Derivative Secur (Instr. 3 and 4)					Owned Following		or Indirect (Instr. 4)	(Instr. 4)
	Cooming			Disposed of (D) (Instr. 3, 4						,		Reported	Reported		,		
												Transaction(s) (Instr. 4)					
					and 5)								, ,				
												Amount	1				
												or Number					
				Code	l _v	(A)	(D)	Date Exercisable	Expi Date	iration	Title	of Shares					
				Code	\ <u>'</u>	(A)	(D)	Exercisable	Date	-	Title	Julies			-		
Stock Equivalent	(1)	09/15/2010	09/16/2010	A		82		(2)		(2)	Common Stock	82	\$47.85	4,054		D	
Unit			I	- 1	1		1		1		I	I	1	1	- 1		I

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. 16 of the acquired Units are subject to vesting based on employment through December 31, 2011.

<u>/s/ Hernan Vaisman</u>

09/16/2010

** 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.