FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | | |
| | Estimated average bu | ırden | | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject | to |
|-------------------------------------|----|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(h) | |

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* AMEN ROBERT M | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) Chairman & CEO | | | | | |
|---|--|--|--|------|--|-----|-----------------------------------|---|------------|----------------|---|--------------------------------------|--|--|---|--|---|---|
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008 | | | | | | | | | | | | | |
| (Street) NEW YORK NY 10019 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | Code (Instr. 5) | | | str. 3, 4 a | 4 and Secu Bene Own Repo | | ities Ficially (E d Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | nt (A) or P | | e (| Transac (Instr. 3 | ction(s) and 4) | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code | Transaction Code (Instr. | | rative rities ired rosed) . 3, 4 | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Deri Seci (Inst | Price of crivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | oiration te | Title | Amoun or Numbe of Shares | | | | | | |
| Stock Equivalent Unit | \$0 ⁽¹⁾ | 05/29/2008 | 05/30/2008 | В А | | 238 | | (2) | | (2) | Common Stock | 238 | \$4 | 11.52 | 23,387 | | 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. 48 of the acquired Units are subject to vesting based on employment through December 31, 2009.

Remarks:

By: Dennis Meany, attorney in 65/30/2008

** 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.