FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Expires:	December 31,								

Estimated average burden

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

**INTERNATIONAL FLAVORS &** 

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

1. Name and Address of Reporting Person\*

**HOWARD D WAYNE** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 194

10			response:		0.5								
	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)												
		Director		10% Owner									
	X	Officer (giv below)	e title	Other (specification)	iy								
	Executive Vice President												
r)	6. Individual or Joint/Group Filing (Check Applicable Line)												
	X Form filed by One Reporting Person												
	Form filed by More than One Reporting Person												
Beneficially Owned													

hours per

					FRAGRANCES INC [ IFF ]									Officer (give title			Other (s		
(Last)	(Fi	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/12/2003								X	below)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(City)	(S	tate)	(Zip)									X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tal	ble I - Non-De	rivativ	ve Se	ecurit	ies A	Acqu	uired,	Disp	osed of	, or B	ene	ficially	Owned				
Date				2A. Deemed Execution Day Day/Year) if any (Month/Day/			Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amoun Securities Beneficia Owned Fo Reported	ily	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
					Code V Amount (A) or (D)						Price	Transaction (Instr. 3 and				(Instr. 4)			
			Table II - Deri (e.g.								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		n of Exp		Expi	. Date Exercisable xpiration Date Month/Day/Year)		e and	7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exe	e rcisable	Ex Da	piration te	Title	N C	Amount or Number of Shares					
Stock Equivalent Unit	0 <sup>(1)</sup>	06/12/2003	06/13/2003	A		184		08/0	8/1988 <sup>(2)</sup>	08/	/08/1988 <sup>(2)</sup>	Commo Stock		184	\$31.9	1,680		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. 37 of the acquired Units are subject to vesting based on employment through December 31, 2004.

Dennis M. Meany, Attorney-in-

06/13/2003

\*\* 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.