FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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									
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WETMORE DOUGLAS J					FRAGRANCES INC [IFF]									Direct	or		10% O	vner		
(1-2) (5:2)						FRAGRANCES INC [IFF]									X Office below	r (give title ')		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								Seni	or VP, CF	O an	d Treasure	er		
521 WEST 57TH STREET			02/	02/14/2008																
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. lı	6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)					
NEW YO	ORK N	Y	10019												X Form	filed by One	Rep	orting Perso	n	
,															Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Perso	on				
		Tah	le I - Nor	- Doriv	ativo	S S O	curitio		cauired	Die	nocod	of or B	lono	ficial	ly Owne	d				
			ie i - ivoi	1		_			-	פוט					-					
1. Title of Security (Instr. 3) 2. Trans Date					action		2A. Deemed Execution Date.		3. Transaction		4. Secu Dispose	rities Acqued Of (D) (I	uired (A Instr. 3	A) or 3. 4 and	5. Amo			Ownership orm: Direct	7. Nature of Indirect	
				(Month/E	Day/Yea	ay/Year) if any			Code			(-) (,	Benefic	ially (D)			Beneficial Ownership	
					"		(Month/Day/Yea		ai) 0)		+				- Reporte	Reported		(I) (Instr. 4)	(Instr. 4)	
									Code	۱v	Amoun	mount (A) or (D)		Price	Transa (Instr. 3					
		т	able II - I	Derivat	ivo S	Sacı	ıritioc	Λ	uired C	ien	sed of	or Re	nofic	rially	Owned					
		•							s, optio						Ownea					
1. Title of	2.	3. Transaction Date	3A. Deeme Execution	Date,	4. Transaction		5. Nu	mber	6. Date Exercis		ble and	7. Title and			8. Price of	9. Number o	of 10	10.	11. Nature	
Derivative	Conversion						n of		Expiration	ation Date		Amount of			Derivative	derivative		Ownership	p of Indirect	
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)					Code (I 8)	de (Instr. Derivative Securities						Securities Underlying		Security (Instr. 5)	Securities Beneficially Owned Following Reported		Form: Direct (D)	Beneficial Ownership		
Derivative Security							Acqu (A) or	ired	Derivative Secur (Instr. 3 and 4)								` ,	or Indirect (I) (Instr. 4)	(Instr. 4)	
							Dispo	osed										(i) (iiisii. 4)		
							of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)				
							and 5)							(,						
														ount						
													or Nu	mber						
				,	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Sha	ares						
Stock Equivalent	\$0 ⁽¹⁾	02/14/2008	02/15/2	008	A		56		(2)		(2)	Common	1 5	56	\$42.74	10,135		D		
Unit		1	I		- 1	1	1 1	1	1	- 1		I Stock	1	- 1		I	- 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. 11 of the acquired Units are subject to vesting based on employment through December 31, 2009.

Remarks:

By: Dennis Meany, attorney in 62/15/2008

** 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.