FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* WETMORE DOUGLAS J | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | | | heck a | all appl Direct | , | g Per | son(s) to Iss 10% Ov Other (s | vner |
|---|--|--|---|-------|--|--|---|--------|---|-------|----------|-------------------|-------|-------|--|---|---|---------------------------------------|--|--|---|
| (Last) | (Fi | rst) (| (Middle) | | | | | | | | | | | | | | below | | | below) | peciny |
| INTERNATIONAL FLAVORS & FRAGRANCES INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2004 | | | | | | | | | | | SVP & CFO | | | | | |
| 521 WEST 57TH ST | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | " | , | Form | filed by One | Rep | orting Perso | n |
| NEW YORK NY 10019 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | eriva | tive | Sec | uritie | es Ac | cquire | d, D | isp | osed | of, o | r Ber | neficia | lly O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Da | | | n Date | Code (Instr. | | | | | | | 4 and Securit Benefic Owned | | ies Fo cially (D) Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | de V | <i>,</i> | Amount (A) or (D) | | | Price | т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 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 Date if any (Month/Day/Ye | Co | ransaction code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | Amount of | | | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercis | sable | Ex Da | piration te | Title | 0 | Amount or Number of Shares | | | | | | |
| Stock Equivalent | (1) | 08/12/2004 | 08/13/2004 | | A | | 57 | | (2) | | | (2) | Comi | | 57 | \$30 | 6.82 | 4,129 | | 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. 11 of the acquired Units are subject to vesting based on employment through December 31, 2005.

/S/ JOSEPH LEIGHTNER --

08/13/2004

A-I-F

** Signature of Reporting Person

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.