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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	to
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) (Last) (First) (Middle) 521 WEST 57TH STREET 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2005 06/15/2005 (Street) 10019 NEW YORK 10019 (City) (State) (Zip)				wind the Original Discourse of the Day	
HUETHER JAMES P INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] (Check all applicable) (Last) (First) (Middle) 521 WEST 57TH STREET 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (specify below) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable)		(State)			Form filed by More than One Reporting
HUETHER JAMES P INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Corporate Controller	. ,		10019	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)
HUETHER JAMES P INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] (Check all applicable) UCC (Check all applicable) Director 10% Owner The date state	. ,		(Middle)		,
		1 0	Person*	INTERNATIONAL FLAVORS &	(Check all applicable) Director 10% Owner Officer (give title Other (specify

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	(D) or Indirect	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	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/Year)	4. Transa Code (8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Equivalent Unit	\$0 ⁽¹⁾	06/15/2005	06/16/2005	А		30		(2)	(2)	Common Stock	30	\$37.7	507	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. 6 of the acquired Units are subject to vesting based on employment through December 31, 2006.

Remarks:

Dennis Meany	

06/16/2005

Date

** 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.