## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*  Anderson Robert G.					IN	2. Issuer Name <b>and</b> Ticker or Trading Symbol  INTERNATIONAL FLAVORS &  FRAGRANCES INC [ IFF ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)					
(Last) 521 WES	FST 57TH S	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2020								Controller						
(Street) NEW YO			10019 (Zip)		4.1	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					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					action 2A. Deemed Execution D if any (Month/Day/		Date,	Code (		Disposed	ties Acquired (A) of (D) (Instr. 3, 4		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) or	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock												12,85	12,853.717		D			
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 D if any (Month/Day/	ate, T	ransa ode (l	5. Number of Derivative			Expiration Date Am. Sec Unc Der				mount of securities		9. Number of derivative Securities Beneficially Owned Following Reported	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)			
Stock Equivalent Unit	(1)	01/15/2020			A		9.289 <sup>(2)</sup>		(3)		(3)	Common Stock	9.289	\$129.94	4,825.06	7 <sup>(4)</sup>	D		
Purchased Restricted Stock Units	(5)								04/01/202	22 (	04/01/2022	Common Stock	1,741		1,741		D		
Purchased Restricted Stock Units	(5)								04/02/202	21 (	04/02/2021	Common Stock	1,713		1,713	3	D		
Purchased Restricted Stock	(5)								04/03/202	20	04/03/2020	Common Stock	1,512		1,512		D		

## **Explanation of Responses:**

- 1. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 2. Reflects Units under the Company's deferred compensation plan resulting from deferral of compensation and the 25% premium contributed by the Company on such Units. Units contributed by the Company are subject to vesting based on continued employment through December 31, 2021.
- 3. The Units are payable in Common Stock upon earlier of termination of employment or January 1 following retirement.
- 4. Includes Units acquired during the period upon reinvestment of dividends under the Company's deferred compensation plan during 2020. The transactions were exempt pursuant to Rule 16a-11.
- 5. The Purchased Restricted Stock Units ("PRSUs") convert to Common Stock on a one-for-one basis.

/s/ Nanci Prado, attorney in fact 01/17/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.