FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | hours nor resnance. | 0.5 | | | | | | | | |

| Instruc | tion 1(b). | | | File | | | | | | | | s Exchai pany Act | | | 34 | | liouis | perio | зэропэс. | 0.5 |
|--|---|--|--|--------------------|---|--|---|---------------------------------------|--------------------------------|---------|---|----------------------|----------------|---------|--|---|--|---|--|--|
| 1. Name and Address of Reporting Person* DUNSDON JAMES H (Last) (First) (Middle) 521 WEST 57TH STREET | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2005 | | | | | | | | | | | heck all app Direc X Office below | licable) tor er (give title | 10% Owner Other (specify below) | | |
| (Street) NEW YORK 10019 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curiti | es Ac | cquire | d, D | isp | osed | of, o | r Ber | eficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | ar) E | A. Deemed execution Date, any Month/Day/Yea | | r, Transaction Dis Code (Instr. 5) | | Dispose | ecurities Acquired (A) posed Of (D) (Instr. 3, 4 | | | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Cod | de V | <i>,</i> | Amount | ınt (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| | | Т | able II - [| Derivat e.g., p | | | | | | | | | | | | / 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 Da if any (Month/Day/Y | Date, | 4. Transa Code (l 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month) | ion Da | ate | | | | 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | | | 1 1 | | | | 1 | | | ء ا | r. | | | | | 1 |

Explanation of Responses:

\$0⁽¹⁾

1. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.

06/15/2005

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. 39 of the acquired Units are subject to vesting based on employment through December 31, 2006.

Exercisable

(2)

Remarks:

Stock

Equivalent

Dennis Meany

Expiration

(2)

Title

Common

Stock

Date

06/16/2005

12,359

D

** Signature of Reporting Person

Number

of Shares

193

\$37.7

Date

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

06/16/2005

- * 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).

Code

(A) (D)

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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.