FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to								
7	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*									cker or Tra				Relationship of Reporting Person(s) to Issuer (Check all applicable)								
GEORGESCU PETER A						INTERNATIONAL FLAVORS & FRAGRANCES INC [ IFF ]										or		10% O	wner		
,												_	Office below	r (give title		Other (	specify				
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									)		below)			
521 WEST 57TH STREET						01/23/2006															
, <b> </b>							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)						monamoni, bate of original rived (monambay/rear)										Line)					
NEW YORK 10019															Form filed by One Reporting Person						
																	d by More than One Reporting				
(City)	(S	tate)	(Zip)												Perso	111					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Tab	ie i - Nor	1-Deriv	ative	- Se	curitie	es A	cquirea,	DIS					y Owne	u					
1. Title of	Security (Inst	tr. 3)		2. Transa Date	action	tion 2A. Deeme			3. Transa	3. 4. Secur Transaction Dispose		rities Acqu ed Of (D) (I	ired ( <i>l</i>	A) or . 4 and	5. Amo			Ownership orm: Direct	7. Nature of Indirect		
				(Month/E	Day/Yea	ar)   i	if any (Month/Day/Ye		Code (Instr.						Benefic	ially (D)		or Indirect	Beneficial Ownership		
					(N		(MOIIIII/Day/Tea		ai)   6)					- Reporte	ed "			(Instr. 4)			
									Code	٧	Amount	nt (A) or Pi		Price	Transad (Instr. 3						
			abla II I	Dorivot	ivo C	e Securities Acquired, Disposed of, or Benefici									Owned						
									s, option						Owneu						
4 Tiul4	١,	0. Turnerskien	3A. Deeme				<del></del>		6. Date Ex					<u> </u>	0 Puiss of	9. Number		10	44 Notono		
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		saction of		Expiration	Date	Amount of		of	- 1	8. Price of Derivative	derivative	e	10. Ownership	11. Nature of Indirect		
Security (Instr. 3)	or Exercise Price of								(Month/Da	Securitie Underlyii			Security (Instr. 5)	Securities Beneficially		Form: Direct (D)					
(	Derivative		(	,,					Derivative S				e Seci		(	Owned Following			or Indirect		
	Security							osed	(Instr. 3 and 4)							Reported		(1) (111511. 4)			
							of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)					
				L			and 5)									` ′					
							$\Box$							ount							
														nber							
				С	Code	ode V	(A)		Date Exercisabl		cpiration ate	Title	Title of Shar								
Stock Equivalent	\$0 <sup>(1)</sup>	01/23/2006	01/24/2	006	A		44		(2)		(2)	Common Stock	4	14	\$34.12	9,979		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 deferral of meeting fees. The Units are payable in Common Stock upon retirement or other termination of directorship.

## Remarks:

Jodie Simon Friedman 01/24/20

\*\* 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.