Instruction 1(b)

Form 2 Holdings Poported

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20070

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL					
l	OMB Number:	3235-0362					
l	Estimated average burden						
l	hours per response:	1.0					

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Form 4	Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad								
1. Name and Address of Reporting Person* HUETHER JAMES P				INTER	2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)									X Officer (give title below)				er (specify w)				
INTERNATIONAL FLAVORS & FRAGRANCES INC.					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004							Corporate Controller					
521 WES	ST 57TH ST	FREET		4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												,	filed by O	ne Re	porting Pe	rson	
NEW YORK NY 10019					Form filed by More than One Reporting Person								eporting				
(City)	(S	ate) (Zip)														
		Tab	le I - Non-Deriv	vative Sec	uriti	es A	cquirec	d, D	isposed	of, or E	Beneficia	ally Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution I							or Disposed	Securitie Benefici	es Own ally Form		ership : Direct	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Year)		8)		Amo	unt	(A) or (D) Price		Issuer's	Issuer's Fiscal Inc Year (Instr. 3 and (In			(Instr. 4)	
Common	Stock											3,000(1)			D		
		Т	able II - Deriva (e.g., p	tive Secu outs, calls								y 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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of	ired r osed) : 3, 4	Expiratio	5. Date Exercisable and Expiration Date Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative St (Instr. 3 and		of es ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)		
					(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares						
Stock Equivalent Unit	(2)	12/31/2004		A	3		(3)		(3)	Common	3	\$0	199 ⁽⁴	4)	D		

Explanation of Responses:

- 1. Includes 8 shares arising from dividends (in shares) under the IFF Global Employee Stock Purchase Plan during 2004.
- 2. The stock units convert to Common Stock on a one-for-one basis.
- 3. Not applicable.

4. Includes units acquired upon reinvestment of dividends accrued on units in the IFF Stock Fund under the Company's deferred compensation plan during 2004. The acquisition of units with reinvested dividends is exempt from line item reporting under SEC Rule 16a-11. The unit accounting process used by the plan administrator of the IFF Stock Fund under the deferred compensation plan includes Common Stock as well as cash, with the fund divided into a number of units which does not directly correspond to the same number of shares of Common Stock. This leads to Common Stock maintained in the fund, as well as dividend reinvestment share units, to at times be in minor variance from the numbers reported in a different period.

Dennis M. Meany, Attorney-infact 02/10/2005

** 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.