FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-02										

87 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS &									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HEASLIP STEVEN J						FRAGRANCES INC [IFF]									Direct	or		10% O	wner	
															Office below	r (give title)		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Sen	ior VP Hu	man	Resource	s	
521 WEST 57TH STREET				01/30/2006																
-						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)					(Line)						
NEW Y	ORK		10019											X	Form	filed by One	Rep	orting Perso	on	
															Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)												1 0130	"1				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1 Title of	Security (Inst			2. Transa		_	2A. Deer		3.			rities Acqui			5. Amoi		6.0	wnership	7. Nature	
I. Title Of	Security (IIIS			Date		Execution Date			e, Transaction Dispos			ed Of (D) (Ir		and Securiti		ies For		rm: Direct	of Indirect	
(Month/Da							ay/Year) if any (Month/Day/Yea			Code (Instr. 5)				Benefic Owned					Beneficial Ownership	
									Code			(A) or		_	Reporte Transac				(Instr. 4)	
										V	Amount	unt (D) P		rice	(Instr. 3					
		т	able II - I	Derivat	ive S	Secu	ırities	Aco	uired. D	ispo	sed of	. or Ber	efici	ally (Owned					
		_							s, option											
1. Title of	2.	3. Transaction	3A. Deeme	ed 4	4. Transaction Code (Instr.		5. Nu	mber	6. Date Exercisa		ble and	7. Title and		8	. Price of	9. Number	er of	10.	11. Nature	
Derivative Security	Conversion	Date (Month/Day/Year)	Execution						Expiration (Month/Da					Derivativ Security		derivative Securities	- 10	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year					3)	msu.	Securities		(MOHUI)Da	y/ Teal	,	Underlyin	g	(Instr. 5)		Beneficially		Direct (D)	Ownership	
	Derivative Acquired Derivative Security Alpha (A) or Continue (Instr. 3 and 1) Continue (Instr. 3 and									ity		Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)					
							Disposed							iiu 4 ,			(1) (111341. 4)			
		of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)									
	L			and 5)									, ,							
													Amo	unt						
													or Numl	oer						
					Code	v	(A)	(D)	Date Exercisabl		opiration ate	Title	of Share	es						
Stock Equivalent	\$0 ⁽¹⁾	01/30/2006	01/31/2	006	A		43		(2)		(2)	Common Stock	43	3	\$32.97	84		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. 9 of the acquired Units are subject to vesting based on employment through December 31, 2007.

Remarks:

Dennis Meany

01/31/2006

** Signature of Reporting Person

Date

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.