## 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

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average b	urden							
hours per response:	1.0							

Instruction 1(b)

Form 3	Holdings Repo	orted.														
Form 4	Transactions I	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  X Officer (give title Other (specify				
(Last) (First) (Middle) INTERNATIONAL FLAVORS & FRAGRANCES, INC. 521 WEST 57TH STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005						Year)	Corporate Controller					
(Street) NEW YORK NY 10019				4. If Amer	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				
(City)	(St		Zip)													
		Tabl	e I - Non-Deri	vative Sec	curiti	es A	cquire	d, D	isposed	of, or	Beneficia	ally Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securiti Benefic	es Own		ership : Direct	7. Nature of Indirect Beneficial Ownership		
		(	(monan bay) really					(A) or (D)	Price	Issuer's			ect (I)	(Instr. 4)		
Common Stock										3,012(1)			D			
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y Owned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security		Execution Date, if any	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		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 Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Equivalent	(2)	12/31/2005		A	13		(3)		(3)	Commo Stock	n 13	\$0	936(4	4)	D	

## **Explanation of Responses:**

- 1. Includes 12 shares arising from dividends (in shares) under the IFF Global Employee Stock Purchase Plan during 2005.
- 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 2005. 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.

\*\* Signature of Reporting Person

02/14/2006 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.