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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0362 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Form 3 Holdings Reported

Instruction 1(b)

| Form 4 | Transactions | Reported. | Fil | ed pursuant to or Section | | | | | irities Excha Company Ac | | | | | | | | |
|--|--|--|---|---|---|---|--|--------------------------------|--|---|---|---|----------------------------|--|------------|--|--|
| 1. Name and Address of Reporting Person* MIRZAYANTZ NICOLAS | | | | 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 below) Group President Fragrance | | | | | |
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017 | | | | | | rear) | | | | | | |
| (Street) NEW YO | | | 10019 Zip) | 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 | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date (Month/Day/Year) ii | | | Execution D | | | Transaction Of (D) (Instr. 3, 4 an Code (Instr. | | uired (A) or Dispose and 5) | | 5. Amount of Securities Beneficially Owned at end of | | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | (************************************** | | | | Amou | ınt | (A) or (D) Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 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) | 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 Security (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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Equivalent | (1) | 12/31/2017 | | A | 42 ⁽²⁾ | | (3) |) | (3) | Commo | | \$0.0000 | 2,21 | 12 | D | | |

Explanation of Responses:

- 1. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 2. Units acquired upon reinvestment of dividends accrued on units in the IFF Stock Fund under the company's deferred compensation plan during 2017. The acquisition of units with reinvested dividends is exempt from line item reporting under SEC rule 16a-11.
- 3. Not applicable.

Nanci Prado, attorney in fact 02/13/2018

** 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.