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,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

OWNERSHIP

	•	
		_
ARIKITAT STATEMERIT	OF CHANGES IN BENEFICIA	
ANNUAL STATEMENT	JF CHANGES IN BENEFICIA	. ∟

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

Instruction 1(b)

Form 3	Holdings Rep	orted.											<u> </u>			
Form 4	Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad							
1. Name and Address of Reporting Person* WELLER CHARLES D					2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF]							5. Relationship of Reporting Po (Check all applicable) Director X Officer (give title below)			10%	Owner er (specify
(Last) (First) (Middle) INTERNATIONAL FLAVORS & FRAGRANCES INC.					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004						rear)	Treasurer				
521 WEST 57TH STREET				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) NEW YO	ORK N	Y 1	10019 X Form filed by 0 Form filed by 0 Person													
(City)	(S		Zip)													
		Tabl	e I - Non-Deri	vative Sec	uriti	es A	cquire	d, D	isposed	of, or	Beneficia	ally Own	ned			
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. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)		or Disposed	Secur Benef			ership n: Direct	7. Nature of Indirect Beneficial Ownership			
				((World W Day) Teal)			Amount		(A) or (D)	Price	Issuei			ect (I)	(Instr. 4)
Common	Stock											2,500 ⁽¹⁾ D				
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derive Secur Acqu (A) or Dispo of (D) (Instr	of Ex		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 Derivativ Security (Instr. 5)		ve es ially ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Stock Equivalent	(2)	12/31/2004		A	138		(3)		(3)	Commo Stock	n 138	\$0	10,55	i1 ⁽⁴⁾	D	

Explanation of Responses:

- 1. Includes 37 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-in-

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.