## Form 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## Washington, DC 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See  $\Box$ instructions 1(b).

Estimated average burden
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 hours per response. . . 0.5

or 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							6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Mirzayantz Nicolas						International Flavors & Fragrances Inc. ("Il				. ("IFF"	')		Director	´ [_	[_] 10% Owner		
(Last) (First) (Middle)  c/o International Flavors & Fragrances Inc.  521 West 57 <sup>th</sup> Street				Numbe Person,	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)		4. Statement for Month/Day/Year 12/23/02				[x]	X Officer (give [_] Other (specify title below) below)   Vice President					
	New York,	(Street)	10019						nendment, Date Day/Year)	of Origin	nal	(Ch [X]	ndividual or Joi eck Applicable Form filed by Form filed by l	Line) One Repo	orting Pe		1
	(City)	(State)	(Zip)			Tabl	e I - Noi	n-Deriv	ative Sec	urities	Acqu	ired, Di	sposed of	, or Be	enefic	ially Own	ed
1. Title of Securit (Instr. 3)	ty			2. Trans- action Date (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	on (Instr. 8)			4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)		sposed of	5. Amount of Securities Beneficially Owned		Owner- nip Form virect (D) r Indirect	Beneficia (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						7)	Code	v	Amount	(A 0: (E	or	Price	Following Reported Transaction (Instr. 3 and	nstr. 4)			
																-	
						+		+			-					+	
 Reminder: Report (	Leminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently vaild OMB Number.  (Over)  SEC 1474 (9-02)																
FORM 4 (co	FORM 4 (continued)  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. Deem Execution Date (Month/Di Year)	on Code (Instr.	saction 3)	Derivativ Securitie Acquired Disposed	Number of derivative ecurities (A) or disposed of(D) nstr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9.Numb of Deriv- ative Secur- ities Bene- ficially Owned	sh: Fo De ati Se Di Inc	10. Owner-ship Form of Deriv-ative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Benefi- cial Owner- ship (Instr. 4)
				Code	V	(A)	(D)	Date Exercisa		on T	Γitle	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	d )		
Stock Equivalent Unit	1-for-1		12/23/0	2 A		12		(1)	(1)	Con	mmon ck	12	(1)	376	D		

Explanation of Responses:

Stock units ("Units") under the Company's deferred compensation plan resulting from (a) deferral of salary and Company match (in shares), (b) premium (in shares) to participants deferring awards into Units and (c) dividends (in shares) on Units. Units were acquired at various dates at market prices ranging from \$29.59 to \$34.97 per Unit. 2 of the acquired Units are subject to vesting based on employment through December 31, 2003.

**	Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).	/s/ DENNIS M. MEANY	December 26, 20	
	· ·	**Signature of Reporting Person	Date	
		Dennis M. Meany Attorney-in-fact	Date	

File three copies of this Form, one of which must be manually signed. Note: If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.