FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |

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

| OIVID AFFROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Name and Address of Reporting Person* MEANY DENNIS M | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [IFF] | | | | | | | | | eck all appl Direct | icable) | g Person(s) to Iss 10% O Other (s | | wner |
|---|--|------------|-------------|---------|--|---|--|---------------------------------|--|-------------|------------------|---|-------------------------------|---|---|---|--|--|--|
| (Last) (First) (Middle) 521 WEST 57TH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2005 | | | | | | | | | below | , | C & | below) | |
| (Street) NEW YORK 10019 | | | | 4. If | 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 Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Perso | 111 | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curitie | es Ac | cquired, | Dis | posed | of, or Be | enef | ficiall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | | Code | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, | | | - Reporte | ies For cially (D) Following (I) (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | (A) or Pric | | Price | | action(s) 3 and 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | | I. Fransac Code (I | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Nun of Sha | | | | | | |
| Stock Equivalent | \$0 ⁽¹⁾ | 12/15/2005 | 12/16/20 | 05 | A | | 62 | | (2) | | (2) | Common Stock | 6 | 52 | \$33.2 | 2,535 | | 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. 12 of the acquired Units are subject to vesting based on employment through December 31, 2006.

Remarks:

Dennis M. Meany

12/16/2005

** 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.