## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasinigton,	D.C.	20343

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

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

obligati Instruc	n 16. Form 4 or ions may contir tion 1(b). Holdings Repo	nue. See	AL STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP									Esti	OMB Number: 323 Estimated average burden hours per response:			-0362 1.0	
_	Transactions I		F	iled pursuant or Sect					ities Excha			4						
1. Name and Address of Reporting Person* <u>Anderson Robert G.</u>			INTE	2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL FLAVORS & FRAGRANCES INC [ IFF ]						(Che	eck all applic Directo	able)	10		to Issuer  W Owner  ther (specify			
(Last) 521 WES	Last) (First) (Middle) 521 WEST 57TH STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018							below)	-	below Controller			.,	
(Street)  NEW YO			10019 (Zip)	4. If Ame	endment,	Date o	f Orig	inal Filed	d (Month/E	ay/Yea	r)	Line	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - Non-Der	ivative Se	curitie	s Acc	quire	ed, Dis	sposed	of, or	Bene	ficially	y Owned					$\blacksquare$
1. Title of Security (Instr. 3)  2. Transac Date		2. Transaction Date (Month/Day/Year	Execution ) if any	2A. Deemed Execution Date, if any (Month/Day/Year)  3. Transac Code (II 8)		nstr.			d 5)` ´		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and		Form: Direct Ind (D) or Be Indirect (I) Ov		Nature of odirect eneficial wnership nstr. 4)			
Common Stock			1		+				(D)			11,951.7	717 <sup>(1)</sup>	Γ	)			
		-	Table II - Deriv (e.g.,	ative Sec puts, call									Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	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)			Amo Sec Und Deri	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac	ive ies cially ng	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature Indirect eneficial wnership estr. 4)
					(A)	(D)	Date Exe	e rcisable	Expiratio Date	n Title		Amount or Number of Shares		(Instr. 4				
Stock Equivalent	(2)	12/31/2018		A	81.658 <sup>(3</sup>			(2)	(2)		nmon	81.658	\$0.0000	4,248	.28 <sup>(4)</sup>	D		

## **Explanation of Responses:**

Unit

- 1. Includes fractional shares acquired pursuant to a dividend reinvestment program in prior periods that were inadvertantly omitted from holdings on prior reports. The transactions were exempt pursuant to Rule 16a-11.
- 2. The Stock Units ("Units") convert to Common Stock on a one-for-one basis.
- 3. Reflects the aggregate of Units acquired during the period upon reinvestment of dividends under the Company's deferred compensation plan during 2018. The transactions were exempt pursuant to Rule 16a-11.
- 4. Reflects the aggregate of Units and fractional Units acquired during prior periods upon reinvestment of dividends under the Company's deferred compensation plan that were inadvertently omitted from prior period reports. The transactions were exempt pursuant to Rule 16a-11.

/s/ Nanci Prado, attorney in fact 02/14/2019

\*\* 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.