FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT (OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Verduin Patricia						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015									all appli Directo	cable) or	g Pers	10% O	wner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					X									Officer (give title below) Chief Technology Officer				specify		
(Street) NEW YO	ORK N	Y	10022		4. If Amendment, Date				e 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 Person						
(City)	(S		(Zip)	lon Dori	rotive	. 500		ioo A			ionocod o	of or D	onofio	برالما	Owner					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			ion	on 2A. De Execu Year) if any		Deemed cution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or	5. Amour Securitie Beneficia Owned F		unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			02/17/2	015				M ⁽¹⁾		3,333	A	\$36	.61	50,722			D		
Common	Stock			02/17/2	015				S ⁽²⁾		3,333	D	\$69.89	938(3)	47,389		D			
Common	Stock														5,907			I	By Issuer's 401(k) Plan Trustee	
		7	able								sposed of , converti				wned					
Derivative Conversion Da		(Month/Day/Year) if any		ion Date, Tran		ansaction de (Instr.		umber vative urities uired or posed D) tr. 3, 4	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	ode V (A)	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	per						
Stock Option (Right to	\$36.61	02/17/2015			M ⁽¹⁾			3,333	(4	1)	09/10/2015	Common Stock	3,33	33	\$0	19,998	3	D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$69.7901 to \$70.00, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 10, 2009 grant date.

Remarks:

/s/ Kristine Hutchinson, 02/19/2015 Attorney-in-Fact

** 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.