FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

| Washington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|--------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | |

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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

| 1. Name and Address of Reporting Person* Parameswaran Prabha (Last) (First) (Middle) | | | | | 3. Da | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2023 | | | | | | | | | k all app Direc Office below | tor er (give title | | 10% Ov Other (s below) | wner specify |
|--|----|----------|---------------|---|--|--|---|--------|--|---|--------------------|--------------|---|---|--|--|---|---|-----------------|
| C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) NEW YORK NY 10022 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (S | tate) (2 | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | nded to | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Dat | | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | es For ially (D) Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) c (D) | Pr | ice | Transa | ction(s) 3 and 4) | | | (111511. 4) |
| Common Stock 12/06/2 | | | 2023 | 023 | | | F ⁽¹⁾ | | 267 | D | \$ | 77.47 | 12,070 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | 5,436 | | | I | By Issuer's 401(k) Plan Trustee | |
| Common Stock | | | | | | | | | | | | | | 20 | 5,252 | | I | By Trust | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | Transaction of Code (Instr. 3) Se Ac (A) Dis | | osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | Securities Underlying Derivative Security (Ins 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.

> /s/ Kristine Hutchinson, Attorney-in-Fact

12/08/2023

** 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.