FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0 F								

	tion 1(b).	nue. See		Filed	pursua or Se	nt to S ection 3	ection 80(h) o	16(a) f the li	of the S nvestme	ecurit nt Co	ies Exchang mpany Act o	e Act of f 1940	f 1934		hours	s per res	sponse:	0.5
1. Name and Address of Reporting Person* CAHILLANE STEVEN A				2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)			Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023									ector cer (give title ow)		10% Ov Other (s below)		
C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person					
(Street) NEW YORK NY 10022														Form filed by More than One Reporting Person				
(City)	(St	rate) (Ž	Zip)		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.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or B	enefic	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Date,	3. Transaction Code (Instr. 8)				red (A) or estr. 3, 4 a	nd Secu Bene Own	ficially ed Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 04/03/2					2023	023		A ⁽¹⁾		257	A	\$72	.95	257		D		
		Tal	ble II -								osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	A. Deemed xecution Date, any Month/Day/Year)		ansaction ode (Instr.		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)			e and nt of ities lying tive ty (Instr.	8. Price o Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi t (Instr. 4)
					Codo	,,	(A)	(D)	Date	-bl-	Expiration	Title	Amount or Number of					

Explanation of Responses:

1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.

/s/ Kristine Hutchinson, Attorney-in-Fact

04/05/2023

** 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.