FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average I	ourden									
hours nor resnance	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

1. Name and Address of Reporting Person* HUSTON JOHN J (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY						Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] Date of Earliest Transaction (Month/Day/Year) 08/11/2015									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Sr. VP Office of the Chairman					
300 PAR (Street) NEW YO		Y tate)	10022 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				tion	n 2A. Deemed Execution Da		d Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amo Securi Benefi		nt of es ally Following	6. Owner Form: I (D) or li (I) (Inst	Direct of Endirect Er. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V		Amount	(A) or (D) Price			Transaction(s) (Instr. 3 and 4)					
Common Stock 08/11				08/11/2	2015	15			M ⁽¹⁾		14,000	A	\$36.6	61	101	L ,0 77	Ι			
Common Stock 08/11/20				2015	15			S ⁽²⁾		14,000	D	\$68.39	68.3915 ⁽³⁾		7,077)			
Common Stock														33,623		1	I 4	By ssuer's 101(k) Plan Trustee		
	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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea			Executi if any	3A. Deemed 4 Execution Date, T		1. Fransaction Code (Instr.		5. Number			cisable and 7. Title and A of Securities		nd Amou ities ng /e Securit	nt 8. De	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)). wnership orm: irect (D) r Indirect i (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er						
Stock Option (Right to	\$36.61	08/11/2015			M ⁽¹⁾			14,000	(4)	09/10/2015	Commor Stock	14,00	00	\$0	0		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.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$68.29 to \$68.56, 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, 08/12/2015 Attorney-in-Fact

Date

** 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.