FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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: 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

1. Name and Address of Reporting Person* $\underline{Marsili\ Daniel\ B}$					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									all application	or		10% Ov	ner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015									Officer (give title below) Sr. VP Global Hur			Other (s below) n Resourc		
	NEW YORK NY 10022			_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	•					
(City)	(S	•	(Zip)	Jon Dori	ivativ	o Soc	rit	ios A			vienosod o	of or D	onoficia	ally (Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Tra			2. Transac Date	. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Foll		int of es ially Following	Form (D) o	: Direct r Indirect str. 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			05/15/2	2015			M ⁽¹⁾		14,000	A	\$36.6	61	89	,229		D			
Common	Stock			05/15/2	2015				S ⁽²⁾		14,000	D	\$68.657	71 ⁽³⁾	75,229			D	
Common Stock															26,242			I	By Issuer's 401(k) Plan Trustee
		-	Table I								sposed of,				wned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		emed ion Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		nt 8.	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to	\$36.61	05/15/2015			M ⁽¹⁾			14,000	(-	4)	09/10/2015	Commo Stock	n 14,00	0	\$0	42,000)	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 \$68.63 to \$68.88, 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, Attorney-in-Fact

05/19/2015

** 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.