FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l l	OMB AP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person* MOISON FRANCK J						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					wner	
	`	LMOLIVE CON	(Middle) MPANY			of Earlie 2016	est Trans	saction (N	/Day/Year)				A b	elov	ow)		below) Akts.& So. Pacif.				
(Street) NEW YO (City)			10022 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									is. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deriv	/ative	e Se	ecuriti	es Ac	quired	, Dis	sposed o	of, o	r Ben	efici	ally Ov	vne	d				
				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount		Price	ͺ Tra	Transaction(s) (Instr. 3 and 4)				(111311.4)	
Common	Common Stock 12				1/2016	5			F ⁽¹⁾		633	633 D		\$65	5.08 1		72,578		D		
Common Stock																3	9,948		I	By Issuer's 401(k) Plan Trustee	
Common Stock																	10		I	By Son	
		Ta									osed of, convertil					ed					
Derivative Security or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year)				n Date,	4. Transaction Code (Instr. 8)		n of		6. Date Expirati (Month/		Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5	rivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisa	Date E Exercisable D		or Number of Title Shares										

Explanation of Responses:

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

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact

12/05/2016

** 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.