SEC For	m 4 FORM	4 L	JNITE	D STA	TES	SE			ES AN			NGE	сом	MIS	SION								
						Washington, D.C. 20549												OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See						IT OF CHANGES IN BENEFICIAL OWNE										Estim	OMB Number: 32 Estimated average burden hours per response:		3235-0287 en 0.5				
	tion 1(b).			File					a) of the Se Investmer				1934				p						
1. Name ar <u>HUND</u>	CO	2. Issuer Name and Ticker or Trading Symbol <u>COLGATE PALMOLIVE CO</u> [CL]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner												
(Last)	, , , , , , ,				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023									Officer (give title Other (specify below) below)									
C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE (Street)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									 S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 								
(City)	City) (State) (Zip)								Lule 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.														
		Tabl	e I - No	on-Deriv	vative	Sec	uritie	s Ac	quired,	Dis	sposed o	of, or B	enefic	ially (Owne	d							
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exe if a	. Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquir Disposed Of (D) (Ins 5)			and		es ally Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	nt (A) or (D) Pr		、	Reported Transaction (Instr. 3 and				(instr. 4)				
Common Stock 05/15/2					2023	023		A ⁽¹⁾		2,220	A	A \$0.00		00 8,491			D						
	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/Year)	3A. Deer Executio if any (Month/I		4. Transac Code (Ir 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	e	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	er									
Stock Option (Right to Buy)	\$81.08	05/15/2023			A ⁽²⁾		2,884		(3)	0)5/15/2031	Commor Stock	2,88	4 \$0	.0000	2,884		D					

Explanation of Responses:

1. Annual director stock grant under the issuer's incentive compensation plan, credited to a stock unit account pursuant to the issuer's incentive compensation plan.

2. Annual director stock option grant under the issuer's incentive compensation plan.

3. Option becomes exercisable in equal annual installments over three years beginning on the first anniversary of the May 15, 2023 grant date.

/s/ Kristine Hutchinson, Attorney-in-Fact

05/17/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.