FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

hours per response:

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

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

Name and Address of Reporting Person*     COOK IAN M						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017									X	X Officer (give title below) Other (specify below)  Chairman, President & CEO				
(Street) NEW YORK NY 10022					4.	If Ame	endme	ent, Date o	f Original Filed (Month/Day/Year)						6. Indi Line) X	Form fil	ed by One	o Filing (Check Applicable e Reporting Person re than One Reporting		
(City)	(S	tate)	(Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				sactio	ction 2A. Deemed Execution Da		eemed ution Date,	3. Transa	3. 4. Secu		of, or Benefic rities Acquired (A) o ed Of (D) (Instr. 3, 4 a				5. Amoun Securities Beneficia		6. Ownership Form: Direct (D) or Indirect	Direct II	7. Nature of Indirect Beneficial	
				, , , , , , , , , , , , , , , , , , , ,			(Month/Day/Year)			v	Amount		(A) or (D)	Price		Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)
Common Stock 08					08/01/2017				M <sup>(1)</sup>		710,000		A	\$4	5.23	1,734	· ·	I	)	
Common Stock 08/				08/0	08/01/2017				F <sup>(2)</sup>		583,059		D	\$7	71.7	1,150,964		I	)	
Common Stock															41,839		j		By 2015 GRAT	
Common Stock															152,	,009			By 2016 GRAT	
Common Stock															277,970		]		By 2017 GRAT	
Common Stock															117,	.309	I		By ssuer's 101(k) Plan Trustee	
			Table II -					ies Acqı varrants								wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, 1	Code (Ins		Deri Secu Acqu or D of (E	vative	Expiration	Date Exercisa xpiration Date Ionth/Day/Yea		7. Title and A of Securities Underlying Derivative Se (Instr. 3 and A		s Securit		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Owne Form: Direct or Ind (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V (A) (D		(D)	Date Exercisal:		expiration Pate	Title	Amo or Nun of S		er		(Instr. 4)	011(3)		
Stock Option (Right to Buy)	\$45.23	08/01/2017			M <sup>(1)</sup>			710,000	(3)	0	9/08/2017		nmon ock	710,0	000	\$0.0000	0.000	0	D	

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related tax withholding requirement were satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. Option became exercisable in one-third increments beginning on the first anniversary of the September 8, 2011 grant date.

/s/ Nina Huffman, Attorney-in-08/03/2017 Fact

\*\* 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.