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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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* GARCIA FABIAN T					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									Check	all app	olicable)	1	Person(s) to Issuer 10% Owner Other (speci			
	`	LMOLIVE COM	Middle) IPANY			3. Date of Earliest Transaction (Month/Day/Year) 12/03/2015									X (belov					
(Street) NEW YC (City)			10022 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									indivision in the second secon	Forn Forn	lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			Date	Transaction te onth/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)				Securi Benefi Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	() or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			12/03	/2015	2015		F ⁽¹⁾		1,945		D	\$65	5.58	132,517		D				
Common Stock														14,4		.4,440	I		By Issuer's 401(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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		i Date, ay/Year)		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

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, 12/07/2015 Attorney-in-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.