FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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 |
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| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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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* Wallace Noel R. | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | (Check | all app Dired | olicable) | g Person(s) to I 10% (Other | |
|---|---|-----|-----------|---------------------------------|---|---|--------|--|---|--------|---|---------------|------------------------|---|---|---|--|---|
| (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015 | | | | | | | | X Officer (give title Officer (specify below) Pres Colgate Latin America | | | | |
| (Street) NEW YORK NY 10022 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or B | enefi | cially | Owne | ed | | |
| Date | | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned Follow Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | (instr. 4) |
| Common Stock 03/09/ | | | | 03/09/2 | 2015 | 015 | | | S ⁽¹⁾ | | 6,638 | D | D \$69.4935 | | 1 | 30,173 | D | |
| Common Stock | | | | | | | | | | | | | | | 2 | 10,152 | I | By Issuer's 401(k) Plan Trustee |
| Common Stock | | | | | | | | | | | | | | | 300 | I | By Trust | |
| | | T | able II - | | | | | | | | osed of, convertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | vative conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8 | | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Deri Seci (Inst | rice of vative urity tr. 5) | 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) | |

Explanation of Responses:

1. Sale of shares with proceeds delivered to the issuer for payment of tax liability incident to vesting of a restricted stock unit award under the issuer's Executive Incentive Compensation Plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact

03/11/2015

** 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.