FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number:

| OF CHANGES IN BENEFICIAL OWNERSHIP | Estimated average burde |
|---|-------------------------|
| suant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: |
| | |

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

or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BILBREY JOHN P | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | | | | plicable) | | Person(s) to Issuer | |
|--|---|--|--|---------|-------|--|--|--------|-----------------------------|--------------------------------------|--|---|-------|----------------|----------------------|---------------------------|---|---|---|--|------------|
| | | LMOLIVE COM | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2018 | | | | | | | | | | X | | er (give title | Other (specify below) | | specify |
| 300 PARK AVENUE (Street) NEW YORK NY 10022 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indiv Line) X | Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curit | ies Ad | cqu | uired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) | Executi if any | P.A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | Securi Benefi Owned | Securities Beneficially | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Transa | Transaction(s) (Instr. 3 and 4) | | | (111511.4) |
| Common Stock 10/01/2 | | | | | /2018 | 2018 | | | A ⁽¹⁾ | | 259 | | A | \$67 | 7.53 | | 9,011 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 4,719 | | | I | By Trust | | |
| 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. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of | | i. Date Ex Expiration Month/Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ov Fo Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | Oate Exercisal | | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.

/s/ Kristine Hutchinson, Attorney-in-Fact

10/03/2018

OMB APPROVAL

0.5

** 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.