## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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hours per response: 0.5

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

1. Name and Address of Reporting Person*  Daniels Jennifer  (Last) (First) (Middle)  C/O COLGATE-PALMOLIVE COMPANY  300 PARK AVENUE  (Street)					3. E 12/	2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]  3. Date of Earliest Transaction (Month/Day/Year) 12/06/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)										S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     Market Company Control Check Applicable (Check Applicable Line)      Director 10% Owner Other (specify below)     CLO and Secretary  Online Check Applicable					
NEW YO			.0022 Zip)													X	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																					
1. Title of Security (Instr. 3)  2. Trans Date (Month/I				Execution Date,			3. Transaction Code (Instr. 5)  8  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securities Beneficially Owned Follow			Form: Di (D) or Inc		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount (A) or (D)		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/06/				5/2018	018			F <sup>(1)</sup>		728 D \$		\$6	3.23	42,193			D				
Common Stock																	570		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)	curity or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Price of Derivative Security		4. Transa Code 8)		str. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Date E Expiratio (Month/D Date Exercisal	n Date ay/Yea	Amount of		nstr. 3	ı		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	0. bwnership orm: iriect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/10/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.