## FORM 4

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

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: Estimated average burden 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* <u>Verduin Patricia</u>				2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]										(Check	tionship of Reporting Pe all applicable) Director Officer (give title		10% (		
	(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2018									X	below)		below ology Officer	)``
(Street) NEW YC	ORK N	Y 1	10022 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Forn Forn	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(3)		e I - Nor	n-Deriva	ative	Se	curitie	es Aco	auired.	Disi	posed o	of. o	r Ber	nefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			ction 2A. Deemed Execution Date,		3. Transa Code (	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			or 5. Amo 4 and Securit Benefic		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		(A) or (D)	Pric	:e	Transa	action(s) 3 and 4)		(11150.4)
Common Stock 12			12/06	/2018				F <sup>(1)</sup>		137		D	\$6	3.23		0,805	D		
Common	Stock																7,847	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)	2. Conversion or Exercise Price of Derivative Security	Date Execut (Month/Day/Year) if any	3A. Deeme Execution if any (Month/Da	Date,		ransaction code (Instr.		n of		6. Date Exercis. Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		J	Deriv Secu (Inst		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)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nu of	ımber					

## **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.

- \* 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.