FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|------------|--------|
| OMB Number | 3235-0 |

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* KOGAN RICHARD J | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | ationship o k all applic Directo | or | | on(s) to Issu 10% Ow | |
|---|---|--------------------|--|--|------------------------------|--|---|------------------|------------------------------------|------------------|---|--|---|---|---|---|-----------------------------------|--|--|
| | • | LMOLIVE CON | (Middle) MPANY | | | Date of Earliest Transaction (Month/Day/Year) //09/2016 | | | | | | | | | Officer (give title below) | | Other (s below) | | pecify |
| (Street) NEW Y(| ORK N | Y | 10022 (Zip) | | 4. 1 | f Ame | endment, | Date | of Origina | l Filed | (Month/Da | ay/Year) | | . Indi ine) X | Form fi | led by One led by More | Repo | (Check App rting Persor One Repor | . |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curitie | s Ac | quired | , Dis | posed o | f, or Be | nefici | ally | Owned | | | | |
| Da | | | Date | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | action (Instr. | Disposed | ecurities Acquired (A) posed Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or Pi | | е | Reported Transact (Instr. 3 a | action(s) | | | [|
| Common Stock 03/23 | | | | 3/201 | 3/2016 | | | G ⁽¹⁾ | V | 3,000 |) D | \$ | 0 | 65,557 | | | D | | |
| Common | Common Stock 05/09 | | | | 9/201 | .6 | | | | | 2,508 | 8 A | | 0 | 68,065 | | | D | |
| | | - | Table II - | | | | | | | | osed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day) | Date, | 4. Transa Code (8) | | ı of | | 6. Date E Expiratio (Month/D | n Date | | Amount of Securitie Underlyin Derivativ | 7. Title and Amount of Securities Juderlying Jerivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | y C | 10. 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 | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (Right to Buy) | \$71.76 | 05/09/2016 | | | A ⁽³⁾ | | 5,389 | | 05/09/20: | 7 ⁽⁴⁾ | 05/09/2022 | Common Stock | 5,38 | 9 | \$0 | 5,389 | | D | |

Explanation of Responses:

- 1. Represents a bona fide gift.
- 2. Annual director stock grant under the issuer's incentive compensation plan.
- 3. Annual director stock option grant under the issuer's incentive compensation plan.
- 4. Option becomes exercisable in one-third increments beginning on the first anniversary of the grant date.

Remarks:

/s/ Kristine Hutchinson, 05/11/2016 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.