## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Skala Justin  (Last) (First) (Middle)  C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]      Date of Earliest Transaction (Month/Day/Year)     12/03/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Pres Colgate N Amer & Gl Sust  6. Individual or Joint/Group Filing (Check Applicable					Owner (specify ust
(Street) NEW YO			.0022												_ine) X	<b>,</b>				
(City)	(30		Zip) e I - Nor	n-Deriv	ative	Se	curitie	s Acc	nuired	Dis	nosed o	of O	r Ren	efici	ially (	)wn	-d			
1. Title of Security (Instr. 3)			2. Transa Date	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. 4. Transaction Di Code (Instr. 5)					or 5. Amount of Securities Beneficially Owned Following Reported		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	٧	Amount		(A) or (D)	Pric	e		action(s) 3 and 4)			
Common	Common Stock 12				/2015				F <sup>(1)</sup>		398		D	\$6	5.58		94,655	I	)	
Common Stock																56,239		1		By Issuer's 401(k) Plan Trustee
		Та									sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	Deemed 4. recution Date, Tra		ction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expiration (Month/D	on Date	e ar)	Amount of Securities Underlying Derivative Security (Instr. and 4)			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or li (I) (I	nership n: ct (D) ndirect nstr. 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 shares previously granted under the issuer's Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

## Remarks:

/s/ Kristine Hutchinson, 12/07/2015 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.